

Please attach a recent photo of the APPLICANT to this application! Thanks! 😊



Registration Form

CHILD

Name: Last _____ First _____ Middle _____

Nickname: _____ Age: _____ Gender: _____

Date of Birth: ____ / ____ / ____ (MM/DD/YYYY) Birthplace: _____

Social Security #: ____ - ____ - ____ County of Residence: _____

PARENTS' INFORMATION

Mother— Last _____ First _____ Middle _____

Mother—Address: _____ City _____ ST _____ Zip _____

Mother— Home: () ____ - ____ Work: () ____ - ____ Cell: () ____ - ____

Mother— Occupation _____ E-mail: _____ @ _____

Father— Last _____ First _____ Middle _____

Father—Address: _____ City _____ ST _____ Zip _____

Father— Home: () ____ - ____ Work: () ____ - ____ Cell: () ____ - ____

Father— Occupation _____ E-mail: _____ @ _____

Marital Status: (check all that apply) Single Married Widowed Divorced Remarried

Do the parents of the child live separately? Yes No If Yes, please indicate which parent is the guardian along with an explanation of custodial arrangements/visitation: _____

SIBLINGS

Please list **all** brothers and sisters below...

Name	Relationship to Applicant	Age

CARE NEEDED

Please indicate the days and times you wish to have this child attend LPCCC...

Day	Drop-Off Time	Pick-Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Statement of Philosophy
 At Little Panthers Child Care Center it is our philosophy that the first years of life are some of the most important. Through the love of our Lord and Savior Jesus Christ we work to provide a loving, nurturing, and life-building foundation that gives each child the life skills that he/she will need in order to live up to the challenges of the modern world. We believe that each child is born with his/her own unique set of skills and gifts and that it is our responsibility as parents, caregivers and educators to discover these and encourage them on a daily basis.

MEDICAL / PERSONAL PROFILE

Does the child have any type of allergies? Yes No

If Yes – Please provide a full explanation... _____

Does the child have any type of medical conditions? Yes No

If Yes – Please provide a full explanation... _____

Does the child currently take any prescription medication? Yes No

If Yes – Please specify all medications, doses, and the reason taken... _____

Child's Physician's Name: _____ Phone: _____

Child's Dentist's Name: _____ Phone: _____

Health Insurance Company: _____ Policy# _____

Are the child's immunizations up to date? Yes No (Provide a copy of immunization record)

Do you authorize staff to take pictures/video of your child for promotional purposes? Yes No

CHURCH

Family Church Name: _____ Attended Since _____

Address: _____ City _____ ST _____ Zip _____

Pastor— Home: () _____ - _____ Church: () _____ - _____ Cell: () _____ - _____

Website _____ E-mail: _____ @ _____

EMERGENCY

Person to contact in case of illness/injury, IF PARENTS CANNOT BE REACHED:

1) _____ Phone: () _____ - _____ Cell: () _____ - _____

2) _____ Phone: () _____ - _____ Cell: () _____ - _____

3) _____ Phone: () _____ - _____ Cell: () _____ - _____

MISSION STATEMENT

The mission of LPCCC is to help you build the character and creativity of your child through careful attention, solid support, positive reinforcement, and creative developmental growth. We strive to provide high quality care through the loving hearts and gentle hands of our caring and well-trained team of caregivers. We do this because we know that you may never get a second chance to make a great first impression in a child's life.

We are in agreement with the Mission Statement and Statement of Philosophy and pledge to comply with the policies of the LPCCC Parent Handbook.

Signature of Mother *Date*

Signature of Father *Date*

FOR OFFICE USE ONLY

Received: _____ / _____ / _____

\$50 Fee Paid: _____ / _____ / _____

Admitted? Yes No