

# ADMISSION FORM

LITTLE PEOPLE'S GREATER LIFE

Date of Admission:

Date of Withdrawal:

**Authorization for Emergency Medical Attention:**

In the event that I can not be reached to make arrangements for medical care, I authorize the person in charge to take my child to:

\_\_\_\_\_  
Name of Physician:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Parent/Guardian Signature

Please list any special problems that your child may have such as allergies, existing illnesses, previous serious illnesses, injuries and hospitalizations during the past 12 months, any medication prescribed for long term continuous use, and any other information which caregivers should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**I acknowledge receipt of LPGL operational policies, including those on discipline and positive guidance techniques used at LPGL, tuition payments, lunch program and foods permitted, and the school uniform.**

\_\_\_\_\_  
Parent/Guardian Signature

**I have submitted the most recent copy of my child's shot records and a health statement of doctor consent for my child to attend daycare.**

\_\_\_\_\_  
Parent/Guardian Signature