

# Little Lumineers Learning & Care - Enrollment Packet

## 1. Child Information

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Child's Full Name

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Date of Birth

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Home Address

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Preferred Name

---

Start Date

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## Parent/Guardian Information

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Parent/Guardian Name

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Phone Number

---

Email Address

---

Relationship to Child

---

Employer & Work Hours

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## Emergency Contacts (Other Than Parent/Guardian)

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Contact 1:

Full Name

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Phone Number

---

Relationship to Child

---

Authorized for Pickup?

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Contact 2:

Full Name

---

Phone Number

---

Relationship to Child

---

Authorized for Pickup?

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## Medical Information

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# Little Lumineers Learning & Care - Enrollment Packet

Doctor's Name

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Doctor's Phone Number

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Insurance Provider

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Policy Number

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Known Allergies

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Chronic Conditions

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Medications or Special Instructions

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## Daily Routine Notes

Preferred nap times, feeding schedule, comfort items, etc.

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## 2. Medical Release & Consent

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In the event of an emergency and if I cannot be reached, I authorize Little Lumineers Learning & Care to obtain emergency medical treatment for my child. I release them from liability in acting on my behalf in this regard.

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

Date \_\_\_\_\_

## 3. Immunization & Health Records

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I understand that I must submit up-to-date immunization records or a valid exemption form before my child can attend Little Lumineers. I will provide these records within 10 business days of enrollment.

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

Date \_\_\_\_\_

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## 4. Parent Agreement

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- Payment due every Monday for the week.
- Accepted payments: Cash, Zelle (+4% fee for debit card transactions).
- No refunds. Two-week notice required for termination.
- Full-time = 3+ days/week. Late pickup fees apply. CPS may be contacted after 3 hours with no communication.
- Communication required for schedule changes or absences.
- Business hours for communication: 8AM-6PM, Mon-Fri. Childcare is 24 hours by agreement.

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

Date \_\_\_\_\_

## 5. Behavior & Discipline Policy

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We believe in positive reinforcement and redirection. Aggressive behavior (e.g., hitting, biting, scratching) will be documented and communicated. Continued issues may result in dismissal.

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

Date \_\_\_\_\_

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## 6. Liability Waiver & Emergency Procedures

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I acknowledge that Little Lumineers Learning & Care will take all reasonable precautions to ensure the safety of my child. I understand that there are inherent risks in group child care and I agree not to hold Little Lumineers liable for any unintentional injury or illness.

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

Date \_\_\_\_\_

## Provider Contact

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Website: [www.littlelumineers.com](http://www.littlelumineers.com) (coming soon)

Email: [intake@littlelumineers.com](mailto:intake@littlelumineers.com) (placeholder)

Phone: 470-504-5498

Location: 1249 Avington Glen Dr, Lawrenceville, GA 30045