



Enrollment Record

Child's Name: _____ Preferred Name: _____

Birth date: _____ Current Age: _____ Sex: _____

Address: _____
Street City State Zip

School Child Attends: _____ Grade: _____

Parent/ Guardian Information

Name: _____
 Relationship to Child: _____
 Address: _____
 Home Phone: _____
 Cell Phone: _____
 Email Contact: _____
 Name of Employer: _____
 Work Phone: _____

Parent/ Guardian Information

Name: _____
 Relationship to Child: _____
 Address: _____
 Home Phone: _____
 Cell Phone: _____
 Email Contact: _____
 Name of Employer: _____
 Work Phone: _____

Persons allowed to pick-up your child: Your child will be released to individuals listed on this form, unless otherwise authorized by a parent/guardian. We must have at least two contacts with a local address that can pick up your child in case of sudden illness or other emergency if parents are unavailable.

1. Name: _____ Phone: _____

Relationship: _____ Photo ID: _____

2. Name: _____ Phone: _____

Relationship: _____ Photo ID: _____

3. Name: _____ Phone: _____

Relationship: _____ Photo ID: _____

Parent/Guardian Signature: _____ Date: _____



Child Information Card

Date of Admission _____

Name of Child (Last, First, Middle Initial) _____ Birthdate _____ Date of Discharge _____

Name of Parent(s) _____ Home Address _____ Home Phone Number _____

1. Employer _____ Hours of Employment _____

Business Address _____ Business Phone No. _____

2. Employer _____ Hours of Employment _____

Business Address _____ Business Phone No. _____

Emergency Contact Person (When Parents Cannot Be Reached)

Name _____ Address _____ Phone Number _____

Additional Pick-up List

1 _____ 3 _____
 2 _____ 4 _____

Emergency Medical Care

I, _____, the parent (or legal guardian) _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Transportation

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported with his/her caregiver.

Signature of Parent or Guardian _____ Date _____

Name of Child's Physician _____ Address _____ Phone No. _____ Office Hours _____

Special Medical Information (Allergies, etc.) _____ Health Insurance Identification Information _____

The above information is essential for your child's protection – (Be sure to keep the information current)



CHILD HEALTH APPRAISAL

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma	

Other _____
Comments: _____
ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

____ Scalp, Skin ____ Heart ____ Vision ____ Ear, Nose ____ Lungs
____ Hearing ____ Throat ____ Abdomen ____ Blood Pressure ____ Eyes
____ Genitalia ____ Teeth ____ Extremities ____ Neck, Glands ____ Nervous System
____ Height ____ Weight

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 //	DTP/Hib 2 //	DTP/Hib 3 //	DTP/ Hib 4 //	DTaP/Hib 4 //
DTP/DTaP 1 / DT //	DTP/DTaP 2 / DT //	DTP/DTaP 3 / DT //	DTP/DTaP 4 / DT //	DTP/DTaP 5 / DT //
Td 1 //	Td 2 //	Td 3 //	//	//
OPV/IPV 1 //	OPV/IPV 2 //	OPV/IPV 3 //	OPV/IPV 4 //	TB Screening 12 mo //
MMR 1 //	MMR 2 //	HepB 1 //	HepB 2 //	HepB 3 //
Hib 1 //	Hib 2 //	Hib 3 //	Hib 4 //	Hep B/Hib 1 //
Hep B/Hib 2 //	Hep B/Hib 3 //	Varicella 1 //	Varicella 2 //	Influenza 1 //
Influenza 2 //	Pneumococcal Polysaccharide 1 //	Pneumococcal Polysaccharide 2 //	Pneumococcal Conjugate 1 //	Pneumococcal Conjugate 2 //
Pneumococcal Conjugate 3 //	Pneumococcal Conjugate 4 //	Hep A 1 //	Hep A 2 //	Lyme Vax 1 //
Lyme Vax 2 //	Lyme Vax 3 //	Other: //	Lead Screening 12 m //	

Examiner's Signature _____ M.D. P.N.P. Date: _____

Printed Name: _____ Telephone: _____

Permission for Photo, TV Usage, and Computer Usage

Photo Release

I hereby authorize Limestone Hills Academy to photograph or video tape _____ for
(Child's Name)
newsletters, website, Facebook page, bulletin board, project documentation, classroom activities, providing
documentation for child's ongoing portfolio, or other.

Class Movie Days

_____ I give permission for my child to participate in his/her class Movie Days.

_____ I do not give permission for my child to participate in their class Movie Days.

Computer Usage

_____ I give permission for my child to have supervised computer time at Limestone Hills Academy.

_____ I do not give permission for my child to have supervised computer time at Sunshine Kids
Academy.

Parent Signature

Date



LIMESTONE HILLS ACADEMY
the difference in early education

2023 WEEKLY SUMMER CAMP

<u>Dates</u>	<u>THEMES</u>
Week 1: (6/19-6/23)	Celebrate Summer **Closed on 6/19/23**
Week 2: (6/26-6/30)	Toes In the Water.....**(Trip to Killens pond Water Park)**
Week 3: (7/3-7/7)	Red, White & Blue ** Closed on 7/3 & 7/4**
Week 4: (7/10-7/14)	Animal Kingdom **(Trip to Plumpton Park Zoo) **
Week 5: (7/17-7/21)	Sports Galore
Week 6: (7/24-7/28)	LHA'S Food Extravaganza **(Trip to Turkey Hill)**
Week 7: (7/31-8/4)	Around the World
Week 8: (8/7-8/11)	Discovery & Adventure **(Trip to Port Discovery)**
Week 9: (8/14-8/18)	Broadway @ LHA
Week 10:(8/21-8/25)	The Last Blast