

LITTLE LEARNERS CHRISTIAN PRESCHOOL AND CHILDCARE
PARTICIPANT INFORMATION and CONSENT FORM

Child's Name: _____ Age: _____

Parent/Guardian to Call First: _____
Phone: (C) _____ **(W)** _____ **(H)** _____

Parent/Guardian to Call Second: _____
Phone: (C) _____ (W) _____ (H) _____

Allergies, Health Conditions, or Medications given that we need to be aware of: _____

Emergency Contact Numbers (other than parents):

Name _____	Name _____
Relationship _____	Relationship _____
Phone _____	Phone _____
Can child be released to this individual? _____	Can child be released to this individual? _____

___ **If there is someone (parent, grandparent, etc.) who does not have permission to pick up the student, check here and explain on back of sheet.**

By initialing each section and signing below, I am giving permission for my child to participate in all regular and special activities, including snacks, (unless indicated above for special food allergies) at Little Learners Christian Preschool and Childcare.

___ I understand that Little Learners will follow all safety procedures as outlined by the Nebraska Department of Health and Human Services, the Lincoln-Lancaster Health Department, and the Bureau of Fire Prevention for Childcare Centers. I also realize that all activities include a certain amount of risk and that Little Learners assumes no liability for injury or damage to a child or a child's belongings arising from or as a result of participation in the program.

___ I, the parent or guardian of the enrolled child at Little Learners, assume all risks and liability, and intend to be legally bound hereby. I will not hold Little Learners Christian Preschool and Childcare, its staff, volunteers, or its parent organization, Beck Companies, LLC, liable for any injuries or damage which may arise as a result of participation in the Little Learners Christian Preschool and Childcare program.

___ In an emergency, if I, or any of the above named emergency contacts cannot be reached, I give permission to the staff at Little Learners to enlist the help and expertise of medical professionals. I will be responsible for all medical procedures and charges incurred. I also confirm that my child is up-to-date on all his/her immunization vaccinations, or I have signed a properly documented immunization waiver.

___ I understand that Little Learners reserves the right to dismiss any child when it is deemed necessary by the staff to be in the best interest of the child or the Little Learners program.

___ I give consent for my child to be included in photos related to the preschool activities at Little Learners.

___ I give consent for my child to be taken to the nearby neighborhood park that is in close proximity to Little Learners, and I have knowledge that no streets are crossed in order to get to the park.

___ I agree that by signing this consent form, I have read and agree to the above notices and assume responsibility for payment of preschool tuition fees, camp fees, program fees and Extended Care fees.

Guardian's Signature: _____ Date: _____