



# LITTLE FROGGIES CHILDCARE, LLC

"WHERE YOUR TADPOLES LEARN TO GROW"

## Acknowledgement Form

### Child Information:

Child's Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
month day year

Home Address \_\_\_\_\_

### Schedule & Attendance:

Days Attending: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Estimated Drop-off Time: \_\_\_\_ : \_\_\_\_ Estimated Pick-up Time: \_\_\_\_ : \_\_\_\_

### Payment:

Will you be paying: ☐ Weekly ☐ Biweekly ☐ Monthly

### Permission:

#### Please check all that apply:

- ☐ I give permission for my child's photo to be used for classroom and center displays.
- ☐ I give permission for my child's photo to be used on social media and our website.
- ☐ I consent to emergency medical treatment for my child.
- ☐ I have read and agree to the center's policies, procedures within the parent handbook.
- ☐ I have read and agree to the center's child supervision policy.
- ☐ I acknowledge that I have read the Health Care plan.

### Signature:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_