



LITTLE FROGGIES CHILDCARE, LLC

“WHERE YOUR TADPOLES LEARN TO GROW”

Acknowledgement Form

Child Information:

Child's Name: _____
First _____ Middle _____ Last _____

Date of Birth: _____ / _____ / _____
month day year Age: _____

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: ____ / ____ / ____