

## Lil' Rams 2010-11 Enrollment Application

Please fill in application completely and legibly.

### CHILD INFORMATION:

Child's Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Date of Birth: \_\_\_\_\_ Sex: Male Female

Child's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Allergies and reactions that occur: \_\_\_\_\_

Special needs: \_\_\_\_\_

Circle child's Enrollment Status: Am only Pm only Full time Early Release only

Circle child's primary residence: With Mother With Father With Both Other: \_\_\_\_\_

### PARENT GUARDIAN INFORMATION:

Enrolling Parent/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

If divorced/separated, who has legal custody? (legal documentation required) \_\_\_\_\_

May the non-custodial parent pick up the child? (attach legal documentation) \_\_\_\_\_

**Emergency Contacts/Authorized Pick Up List (in addition to parents):**

The child will only be released to the people on this application.

1. \_\_\_\_\_  
(Last Name) (First Name) (Home/work/cell numbers)
  
2. \_\_\_\_\_  
(Last Name) (First Name) (Home/work/cell numbers)
  
3. \_\_\_\_\_  
(Last Name) (First Name) (Home/work/cell numbers)
  
4. \_\_\_\_\_  
(Last Name) (First Name) (Home/work/cell numbers)
  
5. \_\_\_\_\_  
(Last Name) (First Name) (Home/work/cell numbers)

**PARENT AUTHORIZATION:**

Authorization for Emergency Medical and First Aid: I hereby authorize the Ralston Schools Foundation staff, representing Lil' Rams, to give consent for any and all necessary medical and First Aid care for my child : \_\_\_\_\_, while my child is in the Lil' Rams custody.

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

I, \_\_\_\_\_, have determined that Lil' Rams is competent to give or apply medication to my child. I understand that Child Care Center Directors have the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medication to my child. I understand that all medication must be in the original container with the child's name, type of medication, date, and amount and time of dosage. Over the counter medication will only be administered with a doctor's written recommendation.

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

**PERMISSION RELEASES:**

I give permission for my child to be photographed/filmed participating in activities at Lil' Rams. I understand that such photos may be used occasionally in the media to publicize activities for the Lil' Rams program.

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

I give permission for my child to participate in supervised activities away from the Lil' Rams site. This includes permission for my child to be transported by bus/van for field trips. I understand that I will be notified in advance of any activities off the site premises. Parents are required by state law to supply Lil' Rams with a federally approved child safety seat.

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





**Hop aboard the Tuition Express  
and never write a check again!**

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or to review your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com)

**For Bank Account Authorization, complete this side and return to center management.**

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I (we) authorize Ralston Schools Foundation (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

**Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.**

Your Name _____	Phone # _____	DEPOSITORY - Bank or Credit Union Name _____
Address _____		Bank or Credit Union Address _____
City _____	State _____ Zip _____	City _____ State _____ Zip _____
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____

Type:  Checking  Savings

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

**(Please attach a copy of a voided check below - deposit slips not accepted)**

John Smith  
Sally A. Smith  
123 Main Street  
Anytown, OR 97101

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

Acorn Bank  
Anytown, OR 97101

MEMO \_\_\_\_\_

⑆ 1057421041⑆ 5782451⑆ 1420

Routing Transit    Account    Check