



**Little Hawks Early Learning Center**  
**11333 Hardin Valley Rd**  
**Knoxville, TN 37932**  
**Student Enrollment Information**

Date to Start: \_\_\_\_\_ Admission Date \_\_\_\_\_

Please Fill out **all** information completely, including all addresses.

**Child Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

If your child is under 5, are they

Potty Trained  In Pull-ups (if over 2)  In Diapers (if under 2)

If your child is over 5 and attends school, please specify school name \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Legal Guardian(s):  Both Parents  Mother  Father  Other \_\_\_\_\_

**Parent Information**

**Parent 1**

Mother  Father  Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

**Parent 2**

( ) Mother ( ) Father ( ) Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

**Emergency Information** (Must have doctor's name and phone number)

**Family Doctor**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Office Hours \_\_\_\_\_

**Family Dentist**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Office Hours \_\_\_\_\_

**Emergency Contacts** (list 3 NOT including parents)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Authorized Pick-Ups (must have complete LOCAL addresses)**

**Only the people listed will be allowed to pick up your child. Include parents.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

6. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Child's Medical Information**

Does your child have any physical limitations, mental health disabilities, developmental challenges, or behavior disorders which could limit or challenge the child's participation in programs and activities? ( ) Yes ( ) No If yes, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any special instructions in caring for your child? ( ) Yes ( ) No  
If yes, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

Does your child have allergies (insect, seasonal, medications, foods, etc.)?

( ) Yes ( ) No If yes, specify: \_\_\_\_\_

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Please list any foods that your child may be allergic or sensitive to as our center nutritionist uses this information. Please note that a **doctor's note and/or allergy form will be required**. Parents may be required to bring in meals from home depending on the allergy and severity.

Child's Name \_\_\_\_\_

Food List: \_\_\_\_\_

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Allergic reaction that occurs when ingested: \_\_\_\_\_

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Does your child have an EpiPen? ( ) Yes ( ) No

If there are any special instructions concerning your child's allergies or allergic reactions, please specify: \_\_\_\_\_

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Your child's health and safety are the primary concerns of the staff members at Little Hawks Early Learning Center. The information requested is very important to ensure that your child receives the necessary care required for them.

*All your children shall be taught by the Lord and great shall  
be the peace of your children!"*

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**Vehicle Emergency Medical Information**

We realize that the information requested below has been given on previous pages, however it is important that you complete this form in its entirety. This form is to be removed and given to paramedics in the unlikely event of a medical emergency.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of an emergency and parents **cannot** be reached, contact:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_  
Current Prescribed Medication \_\_\_\_\_

Child's Special Needs and Conditions: \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency involving my child, and Little Hawks Early Learning Center is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services.

I (we) agree to keep the facility informed of any incidents requiring professional medical attention involving my child.

Child's Name \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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**PARENTAL AGREEMENT WITH LITTLE HAWKS ELC**

1. Little Hawks ELC agrees to provide childcare for my child, \_\_\_\_\_(child's name), Monday through Friday, 7:30 AM to 6:00 PM. My child will be allowed to participate in the following meal plans: Breakfast (served until 8:30 am), Lunch (served until 11:00 am), and Afternoon snack (2:00pm).
  
2. My child will not be allowed to leave the facility with anyone other than myself, other parent on record, person authorized by the parent. I understand that my child will not be released to anyone whose behavior is “at risk” by Little Hawks staff. My emergency contacts listed above, and/or 911, will be called, if necessary, to prevent transportation of my child with any person who appears to be intoxicated, under the influence of drugs, or otherwise deemed unable to safely transport child.
  
3. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, child physician, child's health status, infant feeding plans, immunization records, etc.)
  
4. I understand the illness policy at Little Hawks Early Learning Center that states when my child is sent home sick from the center, they cannot return to school for **24 hours** unless with a statement from the doctor.
  
5. I have received and read the Little Hawks Parent Handbook and agree to uphold and abide by the policies and procedures within. Any updates or changes to the handbook will be communicated to all parents by the Director and will require a signature upon receipt.
  
6. I have completed a pre-enrollment visit to Little Hawks ELC

Signed \_\_\_\_\_  
(Parent or Legal Guardian)

Date \_\_\_\_\_

Signed \_\_\_\_\_  
(Parent or Legal Guardian)

Date \_\_\_\_\_



## Authorization to Dispense External Preparations

I give \_\_\_\_\_ permission to apply the following topical ointments/preparations for my child in accordance with the directions on the label of the container.

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

Other (please specify) \_\_\_\_\_

Child's Name \_\_\_\_\_

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

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