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Learn 'n Play
 4600 Lee Hill School Drive
 Fredericksburg, VA 22408

FOR OFFICE USE ONLY	
Enrollment Date	
Class Selection	
Attendance	
Regular Tuition	

FOR OFFICE USE ONLY				
Birth Certificate Number	Date of Birth	Date Issued	Place of Birth	Staff Initial

Participant's (Child's) Information

Participant's Name (First, Mid Initial, Last, Nickname)				M/F	Age	Date of Birth
Home Address (City, State, Zip)					Home Phone Number	
School Attendance Name						Grade
Previous Child Care Programs Attended (Include City and State)						

Parent/Guardian Information

Father's Name (First, Last)		Social Security Number	Home Phone Number	Legal Custody?
Home Address (City, State, Zip)			Place of Employment	
Work Address (City, State, Zip)			Business Phone Number	
Mother's Name (First, Last)		Social Security Number	Home Phone Number	Legal Custody?
Home Address (City, State, Zip)			Place of Employment	
Work Address (City, State, Zip)			Business Phone Number	

Emergency Information *Please fill out every box- do not leave blank

Please list any allergies or intolerance to food, medication, etc., and action to take in an emergency.	
Does your child have any identified special needs (developmental, emotional, or learning)? Please describe.	
Name of Participant's Primary Physician	Physician's Phone Number
Emergency Contact #1's Name (First, Last) *Cannot be parent/guardian or left blank	Home Phone Number
Home Address (City, State, Zip)	Business Phone Number
Emergency Contact #2's Name (First, Last) *Cannot be parent/guardian or left blank	Home Phone Number
Home Address (City, State, Zip)	Business Phone Number
Please list any other persons authorized to pick up participant.	
APPROPRIATE COURT DOCUMENTS MUST BE ATTACHED IF A PARENT IS NOT ALLOWED TO PICK UP THE PARTICIPANT	

Please initial response below

1. The parent/guardian gives authorization for their child to participate in field trips and swimming activities sponsored by Learn 'n Play. If additional transportation is needed my child has permission to travel in either a parent or staff's private vehicle. ___ Yes ___ No
2. Learn 'n Play agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up within one hour. ___ Yes ___ No
3. The parent/guardian authorizes Learn 'n Play to obtain immediate medical care if any emergency occurs and the parent cannot be contacted. ___ Yes ___ No
4. The parent/guardian authorizes their child's photograph to be taken from time to time and understands that it may appear in newspapers, brochures or other publicity material without compensation. ___ Yes ___ No
5. If your child or a member of your household develops any reportable communicable disease, as defined by the state Board of Health, you will inform Learn 'n Play within 24 hours or immediately if it is a threatening disease. ___ Yes ___ No
6. The parents understand that his/her child's teacher will offer to meet twice a year (Nov and May) to discuss their child's progress report (development, behavior, and adjustments and needs). ___ Yes ___ No
7. The parent/guardian understands that LNP has an open-door policy and is welcome anytime. We encourage your participation in our field trips and special events that will be announced and posted in advance. ___ Yes ___ No

Parent Signature

Date

Director Signature

Date

Parent/Guardian 1 E-mail: _____

Parent/Guardian 2 E-mail: _____