



# Little Angels Learning Academy

A Division of the Education Institute, Inc.

Facility Address: 4222 West Sandy Street, Battlefield, MO 65619

Corporate and Mailing Address: 801 Fountain, Republic, MO 65738

Phone: #417-883-3100 \* FAX: #417-886-3350

E-mail: rawoodhumiston@littleangelslearningacademy.com

## RELEASE FOR CREDIT AND BACKGROUND INFORMATION

DATE: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

I, \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_ (child's name) give permission to Little Angels Learning Academy to contact the following programs/individuals:

Please list all contact information of child care programs, preschools, homes, babysitters, etc., that your child has attended the past 5 years – please use a separate Release of Information form for each program:

Name of Program: \_\_\_\_\_ / City, State: \_\_\_\_\_

Phone of Program: \_\_\_\_\_ FAX #: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Director or Owner: \_\_\_\_\_

Parent/Guardian Signature / Date

*For program – please complete all items that are applicable – use reverse side if needed:*

Was this child dismissed from your program? Y/N If yes, for what reason: \_\_\_\_\_

Were there any behavior concerns? Y/N If yes, please explain: \_\_\_\_\_

Have all past bills been paid in full? Y/N If there is a past due bill, please not how much is currently due: \_\_\_\_\_

Are there any concerns with payment in a timely manner and according to policy? Y/N If so, please explain: \_\_\_\_\_

Did the parent/guardian follow all of your child care/preschool/school policies? Y/N If not, please explain: \_\_\_\_\_

Are there any concerns with academics or developmental progress of the child? Y/N Please explain: \_\_\_\_\_

Please note other information that Little Angels Learning Academy needs to be aware of: \_\_\_\_\_

Please check if you would like this information to remain confidential.

Name of Person Completing Information / Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this questionnaire back to us within 24 hours, as well as mail or fax any pertinent academic and/or developmental records to Little Angels Learning Academy at the address above. LALA fax # is: 417-886-3350. Thank you for your assistance!

*"A Prestigious Program of Excellence with Storybook Beginnings."*

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