PARENT HANDBOOK

POLICIES AND PROCEDURES

(208) 461-2278

www.gardenoflearningnampa.com

for updates and information
Dear Parents:

We welcome your family to The Garden of Learning. We are pleased that you have chosen our center and consider it a great honor and privilege to share the responsibility of teaching and caring for your child. What we offer to you and your child is much more than just a baby-sitting service. Our standards are high and we have a commitment to make this the best childcare center in the area. Children are our first priority in everything we do!

It is often difficult for working parents to balance all the responsibilities in their lives. When your child is at the center you will receive peace of mind knowing that your child is being loved and taken care of. We will commit to each parent and child to serve him/her in a personal fashion. We will strive to meet your child’s physical, intellectual, social, and emotional needs.

We feel children learn best in a bright, open, cheerful environment. Keeping this in mind, each classroom has been designed through the eyes of a child. Large windows in each classroom enhance the atmosphere young children will love. Each classroom features a large play loft for inspiring children’s imaginations, computers, sand and water tables, and many different learning centers.

Your child will learn something new everyday. They will learn important Christian values such as love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. They will also be learning responsibility, compassion for self and others, communication, and teamwork. He/she will also learn basics of education in our full-curriculum preschool.

Our commitment to you starts with a commitment to us. For this support system to thrive, we must have open, honest communication. Please feel free to share with us your concerns or situations that can affect your child. We are always open to new ideas or suggestions in order to make the center a better place. We are looking forward to working with you to provide the best possible care for your child. Welcome to The Garden of Learning! We are planting seeds and watching them grow!!!

Yours Truly,

Lyndsay Blass and Holly Franklin
Owners/Directors
**Educational Philosophy and Goals** The Garden of Learning is committed to the total development of each student. We strive to meet certain academic, social, and spiritual needs. Partnering with parents, we will do all we can to contribute to the enlightenment, health, and wholeness of every child. We seek to promote Christian values in academics and to provide an environment conducive to Christian growth. By incorporating Christian principles in our curriculum, we seek to teach the students that Christ is essential in all meaningful learning and relevant for daily living. We view education as a foundation for life-long learning.

**STATEMENT OF FAITH** We are a Christian based facility. As such, Bible stories, songs, and prayer will be included in the program.

**Learning Through Play** At The Garden of Learning, we understand that children learn best through play. Activities are selected based on developmental readiness to encourage and challenge children. The goals of our staff are to involve the children in learning experiences that are both interesting and fun while allowing them daily opportunities to explore the world around them. We hope to encourage self confident, inquisitive learners! We begin with age-appropriate environments for children. There is an endless assortment of toys, books, and blocks for children to play with and to engage their interests. Children learn through encouragement and attention. Our teachers will foster independence and growth in each child, focusing on the joy and challenge of the child doing it them self. Our mission is to help children learn and grow while they share their day with us. New concepts are continually introduced throughout the day. Our premise is that learning occurs naturally. Through fun, learning can be easy.

**Curriculum** In addition to learning through play, the children will also be taught a monthly, theme based curriculum program. Each month is designed around a subject, with related concepts and skills woven into it. Specific skills and ideas will be introduced each month; such as letters, colors, and character education. The curriculum will be a Christian based program with Bible memorization and Bible stories. Materials used address all aspects of development: social, emotional, cognitive, and physical.

**Documentation of Child’s Development** The Garden of Learning will gather as much information as possible when a child is identified as possibly having a developmental concern so services are provided to support that child. The Garden of Learning will work with local school districts, Infant-Toddler program, Mental Health Providers, and other agencies to encourage children’s timely evaluation for developmental and mental health concerns. The director will send a packet of information gathered at The Garden of Learning to the appropriate contact person. Please see the director for a community contacts directory that may assist in special needs. Follow up may be inititiated by the director two weeks after referral. We appreciate any shared information from parents after referral. Developmental reports will be given out every fall and spring. In addition, our center may also implement the ASQ-3 and ASQ-SE evaluations in the spring and fall.
Parent/Teacher Conferences Parent/Teacher conferences will be held once a year to share each child’s development. Parents may call the teacher or director at any time to meet alone with them concerning their child. A convenient time will be set to meet at the center.

Parent Satisfaction Survey The Garden of Learning will extend an invitation to parents yearly to complete a parent satisfaction survey to help us evaluate our program.

Age of Academic Entrance Children are welcome as early as 6 weeks of age. Children will promote to the next class room according to age and school year.

Entrance Requirements of New Students
- All parents/guardians shall tour the facility and receive a parent handbook.
- An application and registration packet must be completed for all students desiring admittance.
- Copy of current shot record must be turned in with enrollment packet.
- All entrance fees must be paid in full prior to the first day of school.

Inclusion We at The Garden of Learning welcome all children with open arms. We are committed to caring for all children, and if your child has a disability or any other special needs we will do everything we can to accommodate his or her needs. If a child with or without a disability is identified as having another language as their primary language, we will do our best to identify child care staff who speaks that language. If needed, resources can be provided to the parents for translation. All children will be treated fairly in an inclusive way regardless of racial, ethnic, gender, cultural, religious, and linguistic background and abilities.

GENERAL INFORMATION

SCHOOL HOURS: The Garden of Learning maintains the following hours:

Monday – Friday
6:30am – 6:00pm

Students must be picked up no later than 6:00pm and you may be required to show picture ID when picking up your child. All students picked up after 6:00pm will be charged $5.00 per minute until they are picked up.

TRIAL PERIOD: We have created a safe learning environment for all children. We have a zero tolerance for aggression at the center. During the first two weeks of enrollment we reserve the right to evaluate and disenroll a child based on their interaction with other children and their teachers. If a child exhibits severe aggression (i.e. hitting, punching, biting, choking, or threatening) or our facility is not a good fit for your child, we may determine that this is not the right environment and will ask you to remove your child immediately. We will refund all tuition on all remaining paid days.
ATTENDANCE: All children need to be checked in no later than 9:30am. If your child will be arriving later than that please call and notify the center or they may not be permitted to attend that day. This is due to staffing decisions that are made based on attendance in each classroom by 9:30am.

HOLIDAYS: We are closed the following holidays. There are no tuition credits for these days. If a holiday falls on a weekend, we will be observing the federal holiday.

September – Labor Day
November – Thanksgiving & Day after
December – Christmas Eve & Christmas Day
January – New Year’s Eve & New Year’s Day
February – President’s Day
March or April – Good Friday
May – Memorial Day
July – Independence Day

NATURAL DISASTER/SNOW DAY CLOSURE: In the event of a natural disaster or unsafe conditions due to severe weather (snow or ice) we may close our facility for the children, families, and staff safety. We do not make this decision lightly and will only do so if absolutely necessary. In the event we were to close for such an occasion there would be no billing credit.

VACATION: After a child has been here for six months, families are eligible for up to one week of vacation per year (five days for full-time/part-time children will earn credit based on the number of days they are enrolled per week) without tuition charge, provided that The Garden of Learning is notified in writing at least two (2) weeks in advance. This vacation time does not accrue and must be used each year. You may not use your vacation credit as part of your two-week notice.

WITHDRAWAL NOTICE: At least two (2) weeks advanced written notice is required when you wish to terminate services. There will be no refund for early withdrawal.

Fees, Tuition, & Payments

ENROLLMENT FEE: There is a non-refundable enrollment fee of forty-five dollars ($45) for one child, seventy-five ($75) for two children, and ninety ($90) for three children to reserve a spot for your family. This fee is due with the enrollment form. This fee applies to all programs and schedules and is non-refundable.

SUPPLY FEE: Each September a $45 supply fee will be charged to your account at the beginning of each school year. If you enroll after September, the fee will be prorated. This fee is given to each classroom to help purchase new items and to replace items that have been completely “loved” throughout the year.

WIPE FEE: All children in the Sweet Peas (infant), Baby Tomatoes (18 – 24 mos.), and Sweet Potatoes (2 yrs) rooms will be charged a $5.00 monthly fee for wipes.
DIAPER FEE: Notice will be sent out when your child is running low on diapers/pull-ups. If center diapers or pull-ups are used there will be a $1.50 charge per diaper/pull-up.

SUNSCREEN FEE: Each May a $25.00 sunscreen fee will be charged to your account. This sunscreen is a hypoallergenic, spray application sunscreen that we use 5 months of the year to protect the children while playing outside.

LATE PICK-UP: There will be a charge of five dollars ($5) for every minute you are late PER CHILD for pick-ups after 6:00 pm. After one hour if attempts to reach the parent and/or emergency contact fail, and there is no notification to The Garden of Learning by the parent concerning lateness, local authorities will be called.

PAYMENTS: Tuition must be paid prior to service and should be considered as payment for the spot and not for the time spent in the Center. Tuition is billed on a bi-weekly basis. Payment is due every other Monday and is paid 2 weeks in advance on the bi-weekly plan. If you join in the middle of our bi-weekly billing cycle, you will have one additional week of tuition due either the first or second invoice to get you on schedule. If the date for tuition falls on a holiday, payment is expected the following day.

LATE PAYMENT FEE: There will be a $15 late fee assessed to your account each day following the tuition due date. The late payment fee also applies for monthly account payments received after the due date. After 4 days, your child may not return for care until your account is brought current- including all late charges. A 5% sibling discount will be offered to the oldest child if both children are enrolled full time.

RETURNED PAYMENTS: A charge of $25.00 will be assessed for any returned payment, whether check or ACH draw.

CLASSROOM INFORMATION

MEALS AND SNACKS: Breakfast is served if your child is here by 8:00am and lunch is included daily. Snacks are served twice a day.

BIRTHDAY CELEBRATIONS: Birthday treats are welcome on your child’s snack day on or near their birthday. To prevent hurt feelings, please place any birthday party invitations in the green parent communication folders located at the sign in counter.

SAFE SLEEPING POLICIES: For healthy sleeping, every child sleeps on cots, sleeping bags, mats, or pads.
- Individual children’s bedding is stored separately – without contact with the floor or bedding of others.
- Sleeping equipment is stored separately (i.e. the floor side of one mat does not touch the sleeping surface of another mat).
- Bedding is washed once weekly and as needed.
- Three feet (36") of spacing is maintained between cots, mats, and cribs. If there is not room for this, we place children as far apart as possible and/or alternate children head to feet.
- At least one alert adult is present in the room where children are sleeping. Lighting and sound will allow appropriate supervision.
Each child will be assigned a cubby, which needs to be checked daily for projects, soiled clothes, and messages. **No toys from home** unless it is a share day in school or your child wishes to bring a sleeping buddy for naptime only. Children ages 2-5 need to bring a blanket for nap time with their name on it. Children’s bedding must be taken home to be laundered each Friday. Every child needs a change of clothes with their name on it. (Accidents happen with all ages.) Each family will have a green folder located on the entry counter ~ please check this folder weekly.

**Illnesses and Emergencies**
Parents should call regarding student absences as early in the school day as possible. To ensure that no contagious illness is spread throughout the center, any child displaying symptoms of a contagious illness will not be allowed in the school without a physician’s note. The only exceptions will be low-grade fevers associated with teething, immunizations, or Physician diagnosed ear infections where antibiotics are being administered. For the well-being of your child and his/her classmates, please refrain from bringing your child to school if he or she:

- Has a fever or has had one during the previous 24 hour period.
- Has a consistent cough
- Is fussy, cranky, and generally not acting like he/she normally does.
- Is vomiting in the morning prior to coming to class.
- Have symptoms of a possible communicable disease.
- Is not well enough to play outside.
- Has been on medication less than 24 hours.

**Symptoms that will require immediate removal:**

- Fever of 100° or higher.
- Suspicious rash.
- Three runny stool diapers/incidents in one day.
- Vomiting

In the event that a child becomes ill while at school, his/her parent(s) will be contacted immediately and asked to remove the child from the center. The child will be isolated from the other children and made comfortable in a quiet place until they are picked up. At no time will a child be refused admittance to the school on account of a cold or runny nose (associated with a cold, teething or allergies) unless a fever is detected. Children need to be symptom free for 24 hours prior to returning.

**Child Abuse**
Child care workers are in a unique position to recognize victimized children. Because of this, we are legally mandated reporters of child abuse and neglect. Annually, all staff members review the guidelines for recognizing child abuse.

Child Care employees must fully understand their legal obligation to report suspicions of child abuse, and review the guidelines upon hire and every year of employment. The training will also cover how to respond if a child discloses.

All staff and volunteers are mandated by law to report any suspicion of child abuse or neglect. Abuse may be physical, emotional, or sexual. Neglect is the failure, refusal, or inability, for reasons other than poverty, to provide necessary care, food, clothing, shelter, or medical care. Staff and volunteers who report in good faith
are immune from civil or criminal liability. Staff or volunteers who intentionally fail to report suspicion are subject to fines or imprisonment under the law.

**To prevent child abuse and neglect, this program:**

1. *Trains staff to avoid one-staff-one-child situations if at all possible. If scheduling requires one adult to be alone with one child, the parent is always informed at pick-up or drop off.
2. *Design our classrooms to avoid hidden and secluded areas.
3. *Makes sure interactions between children and staff can be observed and interrupted.
4. *Never forces children to give affection.
5. *Tells children that if they have questions about someone’s behavior, the best thing they can do is ask about it.
7. Requires a background check for all staff.
8. Develops positive, non-judgmental relationships with parents.
9. Is alert to signs of stress in parents and struggles in the parent-child interaction.
10. Communicates regularly with parents concerning a child’s progress.
11. Provides education including offering tips for specific challenges.
12. Provides opportunities for parents to become involved in their child’s care.
13. Provides information about community resources.
14. Models developmentally appropriate practices by allowing the parent observational opportunities to see their child interact with child care staff.
15. Provides an atmosphere for parents to share their experiences and develop support systems.
16. Reaches out to mothers, fathers, grandparents, and other extended family members that are involved in a child’s development.

A report of child abuse is not an accusation. It is a request for more information by a reporter who has reasonable suspicion that abuse or neglect may be occurring. A report does not mean that our employees must determine that abuse and/or neglect has occurred. In Idaho, Child Protective Services is responsible for that determination.

* These strategies are part of our sexual abuse prevention plan.

**Confidentiality Statement:** For the purpose of confidentiality The Garden of Learning will not share or discuss any information outside of our staff without your written consent. All information pertaining to children and their families is maintained in a confidential manner to ensure that their and your privacy is protected. Our staff members are trained on the importance of keeping all information about children and families confidential.
The Garden of Learning
Daycare and Preschool

Registration, Permission, and Liability Release

Please read and sign the following statement:

I, ____________________________, the legal guardian and/or parent of ________________________________ declare that I have read and understand The Garden of Learning Daycare and Preschool’s Admission Policies and Procedures as contained in this document as well as in the Welcome Letter.

Parent Signature:
__________________________________________ Date: __________

How did you hear about us? __________________________

For office Use Only

Preferred start date: ____________________________

Application completed and received on: ________________

$45.00-1 Child $75.00- 2 Children $90.00- 3 Children
Deposit received: Yes ( ) No ( )
Supply fee $45.00 per child received: Yes ( ) No ( )
Mat Sheet fee of $11.50 received: Yes ( ) No ( )
Mat bag fee of $1.00 received: Yes ( ) No ( )
Immunization received: Yes ( ) No ( )
Two week follow-up call made: Yes ( ) No ( ) Date ____________
Handbook received: Yes ( ) No ( )
Tour given: Yes ( ) No ( )
Statement of Faith Release:
I understand that The Garden of Learning Daycare and Preschool is a Christian based center. I hereby authorize The Garden of Learning to pray at meals and throughout the day with my child. I also agree to allow my child to participate in Bible stories, Bible memory, and listen/sing Christian based songs.
Parent/Guardian Signature: ______________________ Date: __________

Medical Release:
I hereby authorize The Garden of Learning Daycare and Preschool’s owners or employees permission to seek emergency medical attention for my child in the event they are unable to reach a parent or guardian. I also agree that I will be responsible for any financial debt incurred by said action. I understand that my child will be transported to St. Alphonsus Hospital or nearest medical facility.
Parent/Guardian Signature: ______________________ Date: __________

Medication Release
I hereby authorize the Garden of Learning Daycare and Preschool to administer the appropriate dose of Tylenol or Ibuprofen to my child if needed. I would ( ) would not ( ) like to be contacted before my child is given this medication.
Parent/Guardian Signature: ______________________ Date: __________

Transportation Release:
I hereby authorize The Garden of Learning Daycare and Preschool to transport my child to or from school, on educational excursions, on field trips, or on other center sponsored activities.
Parent/Guardian Signature: ______________________ Date: __________

Photo Release:
I hereby authorize the Garden of Learning Daycare and Preschool to photograph my child. I understand these pictures may be used for promotional purposes on their website and/or Facebook page as well as put up in the center.
Parent/Guardian Signature: ______________________ Date: __________
**Sunscren Release:**
I hereby give permission for sunscreen to be applied to my child prior to outdoor activities. I release The Garden of Learning Daycare and Preschool from any liability for administering sunscreen. I understand that it is my responsibility to apply sunscreen to my child prior to attending in the morning. The Garden of Learning will apply sunscreen in the afternoon and will not be responsible for applying sunscreen for a.m. recess or a.m. field trips.
Parent/Guardian Signature: ______________________Date_________________

**Water Activities:**
I hereby authorize The Garden of Learning Daycare and Preschool to include my child in supervised water activities.
Parent/Guardian Signature: ______________________Date_________________

**Permission Slips:**
Permission slips will be filled out for field trips and taken with the teacher on any trip outside the facility. They will include medical information and medical authorization, cost, mode of transportation, parent permission and contact information.

**Immunizations:**
Is your child immunized? Yes ( ) No ( )
Are they up to date? Yes ( ) No ( )

A copy of your child’s immunization record must be attached to this application or brought in to the office so a copy can be made.
Guidance and Behavior Policy:
The word ‘discipline’ comes from the word ‘disciple’, which means to guide or to teach. Discipline in The Garden of Learning is concerned with training your child to recognize, understand, and follow rules. Discipline in the Garden of Learning shall always be carried out in an atmosphere of love, caring, and gentleness. Children will be given a clear understanding of what behavior is acceptable and what is unacceptable behavior at The Garden of Learning.

Disciplinary Procedures
- Talk to the child about misbehavior. Be specific.
- Redirect child to another activity if applicable.
- Allow child to have some quiet time at the first sign of disruption before total misbehavior occurs.

Use the time-out method after misbehavior occurs:
- Approach child and tell firmly to stop.
- Explain to the child what is wrong and how it harms something or someone.
- Give the child a choice of two other activities in the room.
- If the above is not possible, sit the child in time-out until ready to rejoin the group.
- When child can return to the activity make sure time-out is repeated immediately if misbehavior occurs again.

Other Disciplinary Information:
- No child shall be subject to physical punishment, corporal punishment, verbal abuse, or threats. Cruel, severe, unusual, or unnecessary punishment shall not be inflicted on the child.
- Derogatory remarks shall not be made in the presence of children about family members of children in care or about the children themselves.
- No child or group of children shall be allowed to discipline another child.
- When a child is removed from the group for disciplinary reasons he/she shall be in sight of a staff member.
- No child shall be deprived of meals or any part of meals for disciplinary reasons.

The Garden of Learning looks for certain behavior requirements for each student to uphold. A positive response to this code will provide the best school experience for students, parents, and staff.

Students will:
- Be on time and in their class.
- Behave courteously and respectfully toward others.
- No inappropriate physical contact (rough housing, kissing, hugging, hand holding).
- Be considerate of others.
- Keep hands and feet to oneself.
- No gum.

Any sexually explicit behavior or language exhibited or used by any child in the school will be cause for immediate termination of service. Any child showing signs of physical or sexual abuse will be reported to all appropriate authorities, as required by law.

SUSPENSION AND EXPULSION:
We have a zero tolerance for aggression at the center. If a child’s behavior becomes severe and the director feels the safety of the other children is in question, the director reserves the right to suspend or expel the child immediately. The Parent and/or Guardian shall be responsible for payment of tuition and any fees due during the suspension period or for the two weeks following expulsion.

_______________________________   ____________________________________
Parent/Guardian Signature                       Parent/Guardian Signature

By signing this document, you are indicating that you have read the General Rules and that you understand and agree to the content listed above.
THE GARDEN OF LEARNING
CONTRACT FOR CHILDCARE
(Payment Policy and Procedure)

This agreement contains the financial terms and statement of responsibility agreed upon between________________________ and The Garden of Learning Daycare and Preschool to provide childcare to ________________________________.

The hours and days agreed that the caregiver will provide for the child(ren) are as follows:

Monday ________
Tuesday ________
Wednesday ________
Thursday ________
Friday ________

• Please notify The Garden of Learning in writing if you would like to make any changes to these days/hours.

• Two weeks written notice and approval by The Garden of Learning is required before changes are made to this schedule (including termination of care).

Tuition is billed on a bi-weekly basis. Payment is due every other Monday and is paid two weeks in advance. There will be a $15.00 late fee assessed to your account EACH additional day following the tuition due date. If the payment is not received by the fourth day, the child will not be allowed to have continued care in the center until the payment is made (including all late charges).

Parents/Guardians agree to pay The Garden of Learning Daycare and Preschool according to this schedule
We have agreed to pay $ ________ per week.
I understand that The Garden of Learning will use Tuition Express as a means of payment. Once enrolled in Tuition Express, tuition and fees will be paid automatically and on the schedule agreed upon. If you choose not to enroll in Tuition Express, you will be charged a $5 "handling fee" each billing cycle. A $25.00 charge for all returned checks will apply.

**Statement of Responsibility:** I further understand and agree that in operating this child care facility and caring for my child(ren), The Garden of Learning Daycare and Preschool shall be responsible for acting in a reasonable manner and in compliance with the legal requirements of the State of Idaho (the "Standard of Care"). However, I also understand The Garden of Learning is not a guarantor of my child's safety and the risk of accidents or injury to my child cannot be completely eliminated even when The Garden of Learning has satisfied the Standard of Care. I accept this risk and agree that The Garden of Learning will only be liable for their failure to meet the Standard of Care, and I will not sue and will indemnify The Garden of Learning against a liability for accident or injury to my child occurring under all circumstances.

As parent or Guardian signing below, I state I have read this form and understand and agree to abide by the terms and conditions of this registration commitment to The Garden of Learning. I agree to pay as per schedule and to pay for any late fees or overdraft fees as deemed necessary by The Garden of Learning. I further understand that all fees, policies, and procedures are subject to change. I agree to discuss any problems with The Garden of Learning as they arise.

Parent/Guardian Signature: ______________________Date: __________
FAMILY REGISTRATION

Mother/Guardian:
First Name:________________________Last Name:_____________________________
Address:________________________________________________________________
Occupation:________________________Home/Cell Phone:_______________________
Employed By:______________________Office Phone:___________________________
Work Address:_____________________Work Hrs:______________________________
[ ] Custodial Parent (If married, mark both parents)
Email:__________________________________________________________________
Marital Status [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed

Father/Guardian
First Name:________________________Last Name:_____________________________
Address:________________________________________________________________
Occupation:________________________Home/Cell Phone:_______________________
Employed By:______________________Office Phone:___________________________
Work Address:_____________________Work Hrs:______________________________
[ ] Custodial Parent (If married, mark both parents)
Email:__________________________________________________________________
Marital Status [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed

Child Information
1st Child  First Name:_______________M.I.________Last Name:_____________________
Name child prefers to be called:______________Grade/Class:_________________________
Child’s Address:________________________________________________________________
Gender: [ ] Male [ ] Female       Date of Birth:__________________________________
List any existing medical conditions, medication, and/or special attention your child may require:`
___________________________________________________________________________
Allergies:_____________________________________________________________________
Pediatrician’s Name:_____________________Phone: (    )_________________________
Address:_____________________________________________________________________

Photographs:  May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No
FAMILY REGISTRATION

2nd Child  First Name:_______________ M.I.___ Last Name:______________________
Name child prefers to be called:_______________ Grade/Class:______________________
Child’s Address:______________________________________________________________
Gender:  [ ] Male  [ ] Female       Date of Birth:________________________________
List any existing medical conditions, medication, and/or special attention your child may require:
___________________________________________________________________________
Allergies:_________________________________________________________________
Pediatrician’s Name:________________________ Phone: (    )_____________________
Address:_________________________________________________________________

3rd Child  First Name:_______________ M.I.___ Last Name:______________________
Name child prefers to be called:_______________ Grade/Class:______________________
Child’s Address:______________________________________________________________
Gender:  [ ] Male  [ ] Female       Date of Birth:________________________________
List any existing medical conditions, medication, and/or special attention your child may require:
___________________________________________________________________________
Allergies:_________________________________________________________________
Pediatrician’s Name:________________________ Phone: (    )_____________________
Address:_________________________________________________________________

4th Child  First Name:_______________ M.I.___ Last Name:______________________
Name child prefers to be called:_______________ Grade/Class:______________________
Child’s Address:______________________________________________________________
Gender:  [ ] Male  [ ] Female       Date of Birth:________________________________
List any existing medical conditions, medication, and/or special attention your child may require:
___________________________________________________________________________
Allergies:_________________________________________________________________
Pediatrician’s Name:________________________ Phone: (    )_____________________
Address:_________________________________________________________________
FAMILY REGISTRATION

Emergency Contacts & Authorized Pick-up Persons

1st Contact/Pick Up
Name: __________________________________________ Phone: ____________________
Relationship to the Child(ren) ________________________________________________
[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children: ________________________________

2nd Contact/Pick Up
Name: __________________________________________ Phone: ____________________
Relationship to the Child(ren) ________________________________________________
[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children: ________________________________

3rd Contact/Pick Up
Name: __________________________________________ Phone: ____________________
Relationship to the Child(ren) ________________________________________________
[ ] Able to pick up all children in the family
[ ] Not able to pick up the following children: ________________________________

Tuition and Payment Information:
Current tuition amount: ________ [ ] Weekly [ ] Monthly [ ] Other _________
Please outline below who is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional Comments & Information:
Is there any other information that would be helpful to our management and teaching staff?
________________________________________________________________________
________________________________________________________________________

Signature:
Parent’s
Signature: __________________________ Date: ____________________
**What to bring**

- Change of clothes in a labeled zip lock bag
- Sleeping blanket, a small pillow (if desired) and a small stuffed animal for nap (if desired)
- For winter-small bottle of lotion (for dry hands) and chap-stick labeled with child’s name, mittens and a warm hat

*FOR INFANTS AND/OR CHILDREN IN DIAPERS*

- Diapers and wipes
- Binkie and blanket that can stay at the center
- Formula or breast milk
- Baby food (if child is not eating table food)
- Change of clothes (labeled)
- Sleep sack for children 12 months and under

*Please remember no toys from home unless it is a small stuffed animal for nap or a toy for share day. Thanks!*

**Front Door Code:**
## WEEKLY TUITION RATE

### INFANT ROOM

*Sweet Peas*

$660.00 PER MONTH (4 weeks)

1 day $37.00  
2 days $74.00  
3 days $109.00  
4 days $136.00  
5 days $165.00 *Per week*

### PRESCHOOL 1’S

*Baby Tomatoes Class*

<table>
<thead>
<tr>
<th>Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$155.00</td>
</tr>
<tr>
<td>4 Days</td>
<td>$128.00</td>
</tr>
<tr>
<td>3 Days</td>
<td>$102.00</td>
</tr>
</tbody>
</table>

If added day:

<table>
<thead>
<tr>
<th>1 day</th>
<th>$34.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>$68.00</td>
</tr>
</tbody>
</table>

### PRESCHOOL 2’S

*Sweet Potatoes Class*

<table>
<thead>
<tr>
<th>Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$150.00</td>
</tr>
<tr>
<td>4 Days</td>
<td>$124.00</td>
</tr>
<tr>
<td>3 Days</td>
<td>$98.00</td>
</tr>
</tbody>
</table>

If added day:

<table>
<thead>
<tr>
<th>1 day</th>
<th>$33.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>$66.00</td>
</tr>
</tbody>
</table>

### PRESCHOOL 3’S

*Sprouts Class*

<table>
<thead>
<tr>
<th>Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$145.00</td>
</tr>
<tr>
<td>4 Days</td>
<td>$120.00</td>
</tr>
<tr>
<td>3 Days</td>
<td>$95.00</td>
</tr>
</tbody>
</table>

If added day:

<table>
<thead>
<tr>
<th>1 day</th>
<th>$32.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>$64.00</td>
</tr>
</tbody>
</table>

### PRESCHOOL 4’S & 5’S

*Hot Peppers Class*

<table>
<thead>
<tr>
<th>Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$140.00</td>
</tr>
<tr>
<td>4 Days</td>
<td>$116.00</td>
</tr>
<tr>
<td>3 Days</td>
<td>$92.00</td>
</tr>
</tbody>
</table>

If added day:

<table>
<thead>
<tr>
<th>1 day</th>
<th>$31.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>$62.00</td>
</tr>
</tbody>
</table>

### BEFORE or AFTER SCHOOL

*Night Owls*

<table>
<thead>
<tr>
<th>Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$60.00</td>
</tr>
<tr>
<td>4 Days</td>
<td>$48.00</td>
</tr>
<tr>
<td>3 Days</td>
<td>$36.00</td>
</tr>
<tr>
<td>2 Days</td>
<td>$24.00</td>
</tr>
<tr>
<td>1 Day</td>
<td>$12.00</td>
</tr>
</tbody>
</table>

### BEFORE & AFTER SCHOOL

*Sunflowers*

<table>
<thead>
<tr>
<th>Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$75.00</td>
</tr>
<tr>
<td>4 Days</td>
<td>$60.00</td>
</tr>
<tr>
<td>3 Days</td>
<td>$45.00</td>
</tr>
<tr>
<td>2 Days</td>
<td>$30.00</td>
</tr>
<tr>
<td>1 Day</td>
<td>$15.00</td>
</tr>
</tbody>
</table>

### KINDERGARTEN

<table>
<thead>
<tr>
<th>Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$140.00</td>
</tr>
<tr>
<td>4 Days</td>
<td>$116.00</td>
</tr>
<tr>
<td>3 Days</td>
<td>$90.00</td>
</tr>
<tr>
<td>2 Days</td>
<td>$60.00</td>
</tr>
<tr>
<td>1 Day</td>
<td>$30.00</td>
</tr>
</tbody>
</table>

### FULL DAY – SUMMER/BREAKS

<table>
<thead>
<tr>
<th>Days</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Days</td>
<td>$110.00</td>
</tr>
<tr>
<td>4 Days</td>
<td>$88.00</td>
</tr>
<tr>
<td>3 Days</td>
<td>$66.00</td>
</tr>
<tr>
<td>2 Days</td>
<td>$44.00</td>
</tr>
<tr>
<td>1 Day</td>
<td>$22.00</td>
</tr>
</tbody>
</table>

*a small fuel fee will be charged for school transportation*
ALL ABOUT ME

Child's Name: _____________________ Nickname: ___________________

Birthday: _____/_____/_____

Mother, Father or Guardian’s Name: ____________________________

I have ______ brothers & ______ sisters, their names and ages are:
____________________________________________________________________
____________________________________________________________________

How would you describe your child's personality?
____________________________________________________________________
____________________________________________________________________

Has your child been in childcare before? Yes ( ) No ( ). If yes, please give last childcare provider, or daycare center's information:
Name: ________________________ Phone: ________________________
Dates attended: From _____ to______. Why was care terminated?
May I contact them for a reference? Yes ( ) No ( )

What time (s) and for how long does your child usually nap?___________
____________________________________________________________________

Are there any special items, blankets, etc. that your child needs to go to sleep?________________________________________________________

What is your child's disposition upon waking up? Happy Grouchy Slow

Does your child have any known allergies? Yes ( ) No ( )
If yes, please list allergens: ________________________________________

Special instructions in case of an allergic reaction: ___________________

Favorite Foods: ________________________________________________

Strong Dislikes: ________________________________________________

Will your child usually eat breakfast here or at home?_______________

What are your expectations of this program and the directors?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________