

Little Reasons Learning Center, Inc.
Application for Enrollment

Mother/Guardian _____

Home Address _____ **City** _____

State _____ **Zip Code** _____ **Date of Birth** _____

(Mother)

Cell Phone _____ **Social Security #** _____

Home Telephone _____ **Work Telephone** _____

Employer _____ **Work Address** _____

City _____ **State** _____ **Zip** _____

Email: _____

Marital Status **Married** **Single** **Divorced** **Separated** **Widowed**

Father/Guardian _____

Home Address _____ **City** _____

State _____ **Zip Code** _____ **Date of Birth** _____

(Father)

Cell Phone _____ **Social Security #** _____

Home Telephone _____ **Work Telephone** _____

Employer _____ **Work Address** _____

City _____ **State** _____ **Zip** _____

Email: _____

Student Information

Student Name _____

Preferred _____ **First** _____ **Middle** _____ **Last** _____

Male **Female** **Child Lives With** _____

Date of Birth _____ **Enrollment Date** _____

School _____ **Grade** _____

Weekly Schedule

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Arrival _____

Departure _____

Will your child need breakfast? **yes** **no** (Breakfast over at 8:00A.M.)

Signature of Applicant _____ **Date** _____

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Medical Information

Child's Physician _____ **Clinic's Name** _____

Telephone # _____ **Address** _____

My child is subject to (Check and give details)

Yes **No** **An allergy to a medicine, food, plant, animal, or insect toxins.**

Explain: _____

Yes **No** **A condition that may require special care, procedures, services, medication or diet.**

Explain: _____

Yes **No** **A physical, mental or developmental disability that would prevent my child from participating in the center's regular program or activities.**

Explain: _____

It is the policy of the center to dispense medication to children only with the parent's written permission. In order for your child to receive medication a "Medication Authorization" release form must be completed weekly. This form is available from the staff person in charge.

Field Trip And Special Activities

I do **I do not give permission for my child to participate in field trips and special activities away from the center. I understand I will be notified in advance of any instance in which my child will be taken from the center, including the date, destination, and method of transportation of such a trip.**

Swimming

I do **I do not give permission for my child to participate in supervised water related activities in water over two feet deep.**

Signature of Applicant _____ **Date** _____

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Delivery of Students

I do I do not, give permission for my child to be delivered to and from school. I understand that it is the policy of this center not to allow any child to enter or leave the center unless escorted by an adult. I agree that when delivering my child to the center, I or the person I have authorized to drop off my child, will personally deliver my child to his/her teacher or the staff person in charge. I further agree that when picking up my child, I or the person I have designated will personally come into the school and receive my child from his / her teacher or the staff person in charge. At no time will I leave my child at the school without first making his / her presence known to the staff, nor will I take my child from the center without notifying the staff. I agree to sign my child in and sign my child out of the center daily.

Photographs

I do I do not, give permission for my child to be photographed and such photographs to appear in magazines, newspaper, brochures, and other public materials, without compensation.

Change In Status

I agree to notify the school immediately of any changes that occur in the information provided in this enrollment application including, work and home address, phone numbers, physician's name, change in living arrangements, change in health information, emergency contacts, etc.

Signature of Applicant _____ **Date** _____

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Emergency Medical Release Form

Should _____, _____ suffer an
Child's NameDate of Birth
Injury or illness while in the care of Little Reasons Learning Center and the 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 of services.

I (we) agree to keep the facility informed of changes in all telephone numbers (home, business, & emergency contacts) involving my child.

Child's Primary Source of Health Care:

Physician / Clinic Name **Telephone Number**

Known medical conditions (i.e. diabetic, asthmatic, drug allergies)

Mother _____ **Cell/Home#** _____ **Work#** _____
Father _____ **Cell/Home#** _____ **Work#** _____

Emergency Contact and Telephone Numbers

Name	Cell/Home#	Work#
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent **Date**

Signature of Director **Date**

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Vehicle Emergency Medical Information

Child's Name _____ **Date of Birth** _____
Address _____

Father's Name _____ **Cell/Home Number** _____
Place of Employment _____ **Work Number** _____

Mother's Name _____ **Cell/Home Number** _____
Place of Employment _____ **Work Number** _____

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

Name	Cell/Home Phone	Work Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Doctor _____ **Phone** _____

**Medical Facility The Center Uses (Houston Healthcare Complex)
Address (1601 Watson Blvd. Warner Robins, GA 31088)**

Child's Allergies _____

Current Prescribed Medication _____

Child's Special Medical Needs and Conditions _____

In the event of an emergency involving my child, and if Little Reasons cannot reach me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____ **Age** _____

Parent or Guardian _____ **Date** _____

Witnessed By _____ **Date** _____

**Little Reasons Learning Center
General Policies For Transportation**

1. The vehicle provided by Little Reasons Learning Center is a 2001 Girardin It is state approved and is properly insured through McNeal Agency Further information concerning insurance and claims may be obtained from the Center Director.
2. All drivers of the vehicle hold a current and valid Georgia Drivers license.
3. The vehicle shall be parked so that no child will have to cross the street in order to meet or in order to arrive at a destination.
4. The vehicle shall be clean and free of hazardous objects at all times.
5. The vehicle shall not be left unattended at any time when children are aboard.
6. The motor shall be turned off, key removed from the ignition and brakes set any time the driver leaves the van.
7. All children shall be seated and wear seat belts when the vehicle is in motion.
8. Children under the age of four will not be transported.
9. Children shall not be permitted to ride in the front seat of the vehicle.
10. Windows in the vehicle shall not be more than 50% open at any time.
11. The vehicle shall be equipped with a first aid kit.
12. No home pickup or delivery is permitted.

Transportation Agreement

- ____ 1. _____ do hereby give permission for my child _____
(Parent's Name) (Child's Name)
to ride in the vehicle provided by Little Reasons Learning Center.
- ____ 2. My child will be transported from Little Reasons Learning Center to and/or
from _____ and that school will assume full
(Elementary School)
responsibility until he or she is on board the Little Reasons vehicle.
- ____ 3. If my child shall not require transportation for a give day, then I agree to
notify the center at least an hour before the scheduled pick up

Please Initial below:

My child will be transported A.M. ____ yes ____ no

My child will be transported P.M. ____ yes ____ no

____ The Vehicle will leave the center at approximately 7:45 a.m.

____ My child will be picked up at the specified school at approximately 3:30 P.M.
and transported to Little Reasons.

____ If my child shall not require transportation for a given day, then I agree
to notify the center at least one hour before the scheduled pick up time.

____ I give permission for my child to ride in the vehicle provided by Little
Reasons Learning Center for any field trip arranged by the center.

**Repeat Failure to notify the Center of absentee will result in the child being
dropped from enrollment at Little Reasons.**

Parent's Signature _____ **Date** _____

Emergency Contacts Authorized Release

The student will be released only to the person signing this form and those authorized below. The legal authorities will be contacted for students left at the center one hour after the closing time.

Name: _____ **Address:** _____
Phone: _____ **(Cell/Home)** _____ **(Work)** _____
Relationship to child _____

Name: _____ **Address:** _____
Phone: _____ **(Cell/Home)** _____ **(Work)** _____
Relationship to child _____

Name: _____ **Address:** _____
Phone: _____ **(Cell/Home)** _____ **(Work)** _____
Relationship to child _____

Name: _____ **Address:** _____
Phone: _____ **(Cell/Home)** _____ **(Work)** _____
Relationship to child _____

Name: _____ **Address:** _____
Phone: _____ **(Cell/Home)** _____ **(Work)** _____
Relationship to child _____

Name: _____ **Address:** _____
Phone: _____ **(Cell/Home)** _____ **(Work)** _____
Relationship to child _____

Signature of Applicant _____ **Date** _____



Child's Name _____ DOB _____
Parent's Name _____ Classroom _____

Sleep Safe Practices:

- **New Sleep Safe Regulations and Center Policies:**

1. Infant is placed on their back to sleep unless center has been provided a letter by a physician authorizing another sleep position for that particular infant that includes how the infant should be placed and a time frame that the instructions should be followed.
2. No items to be placed in or on the crib with an infant but not limited to toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys or other soft items.
3. Center shall not attach or allow any objects to be attached to a crib with a sleeping infant but not limited to, crib gyms, toys, mirrors or mobiles.
4. Appropriate sleep clothing to be provided by parents or guardian. Sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slide up around infant's face may be used.
5. Swaddling shall not be used unless a written physician's statement can be provided including instructions and timeframe for swaddling.
6. Individual crib, cot or mat and bedding provided and changing and cleaning practices for these items is weekly.
7. Infants who fall asleep in other equipment on the floor or elsewhere will be moved to a crib to sleep
8. No positioning devices or wedges can be used
9. Cribs shall be in compliance with the CPSC and ASTM
10. Crib construction shall be in good repair and free of hazards.

I _____, have received a copy of the center's sleep safe policies and procedures as required by O.C.G.A, 20-1A-1. I understand that I am required to provide appropriate sleep clothing for my infant and a specific physician note's if my child needs care that may be in conflict to the above regulations that specifies instruction and timeframe for alternative care.

Parent Signature _____ Date _____

Photograph Release

I hereby grant permission for Little Reasons Learning Center, Inc. to record the participation and appearance of my child, _____, by photography in connection with daily activities for the purpose of reporting and assessing the progress of children and our program. Little Reasons Learning Center is authorized to exhibit or distribute such photograph(s) in whole or in part for any educational or promotional purpose that Little Reasons Learning Center deems appropriate. Such photograph(s) for example, appear in print or visual material for Little Reasons Learning Center.

Signature (Parent/ Guardian): _____

Date: _____ **Email Address:** _____

Signature (Parent/ Guardian): _____

Date: _____ **Email Address:** _____

Child's Name: _____



**Authorization to Dispense External Preparations
590-1-1-.20(1)**

Medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Little Reasons Learning Center, Inc., permission to apply one or more of the following topical ointments/preparations to 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) _____

Parent/Guardian Signature

Date

*center should maintain in child's file

Little Reasons Learning Center Enrollment Contract

I agree to:

Pay in advance for each week a tuition fee of \$_____. There are no deductions for holidays or days my child is absent from the center. Tuition cost is based on no more than 10 hours per day. **All tuition is due on Friday the week prior and no later than closing on Monday.** A **late fee of \$25.00** will be added if late. Your account will incur a weekly late fee for any unpaid balance. If the tuition or the other sums not paid per this agreement is referred to an attorney for collection, the undersigned agrees to pay all expenses of collection including all attorney fees incurred by Little Reasons Learning Center, Inc. including but not limited to 20% of any amount due as attorney fees. I understand all policies, rates, and fees are subject to change as conditions warrant.

Pay a non-refundable, annual enrollment fee of **\$80.00 per child.** The fee is due upon enrollment and will follow the January schedule and each consecutive year.

Every family is entitled to **one week vacation annually per child.** To be eligible the child must have been in attendance for 6 months, may not be in attendance on the week of vacation and no charges will be incurred. A one week notice must be given in writing and tuition must be current to be eligible. I have been given a copy of the parent handbook.

A service charge of **\$30.00 will be charged for each check returned to the bank.** After the **second check** returned by the bank, **all tuition will be payable by cash or money order.**

In case of withdrawal of my child from the center, I agree to give a one-week notice in writing. If this is not given, I agree to pay one week's tuition fee prior to withdrawal.

Prior to my child's first day of enrollment all forms will be completed and on file with the center. I will submit a certificate of immunization, Georgia Form 3231, within five days of my child's first day. I agree to keep the form updated thereafter as indicated by a physician or local health authority. I will submit proof of medical insurance coverage and sign a medical release form.

In the event of an emergency, accident, or illness, the center has my permission to administer medication or obtain medical assistance as it sees fit for my child's best interest. Subject to the nature of the emergency, accident, or illness, the center will seek medical attention at the nearest available source. **In the event of such accident or illness, all medical expenses incurred will be the responsibility of the undersigned.** The undersigned release Little Reasons Learning Center, Inc. and all employees, officers, servants, and agents from liability incurred as a result of any act they may perform on behalf of the child of the undersigned.

Should the Director of Little Reasons Learning Center determine that my child cannot adjust to the center's program my child will be withdrawn, and this agreement will be terminated. In the case of an irreconcilable difference between the undersigned and the staff of Little Reasons Learning Center then this contract will be terminated.

This contract is **based on a 10 hour day** all children in attendance longer than scheduled will be charged an additional \$5.00 for the care provided. The center closes at 6 o'clock p.m. **A fee of \$1.00 per minute for each minute after 6:00p.m. will be charged to all parents picking their children up after closing.**

I hereby warrant that I am entitled to legal custody and possession of my child and accordingly am authorized to place my child in the care of the center and am further authorized to sign this agreement

Parent/ Guardian

Parent/ Guardian

Date

Director

Date

Child's Name

Enrollment Date

