

## Enrollment Package: Basic Info

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

### First Parent/Guardian Information:

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

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

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

E-MAIL \_\_\_\_\_

### Second Parent/Guardian Information:

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

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

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

E-MAIL \_\_\_\_\_

# Enrollment Package: Emergencies & Field Trips

For emergency purposes and field trips, we have your permission to evacuate the premises.

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

## Emergency Contacts (In order of preference, including parents/guardians):

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

4) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

5) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

## Student Pick Up

Each child will be released only to the Parents/Guardians or those authorized by the Parents/Guardians to take the child from the facility and to assume responsibility for the child in an emergency if Parents cannot be reached. Persons authorized for pick-up follow:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

4) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

5) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

# Medical Authorization Form

I, authorize \_\_\_\_\_ to seek and obtain medical care for my child in the event that my child needs medical care.

My child has the following allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to be financially responsible for the cost of any medical care provided to my child under this Authorization.

My health Insurance Carrier is \_\_\_\_\_

My Policy or Certificate number is \_\_\_\_\_

\_\_\_\_\_

Signature of Parent (or Legal Guardian)

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date



## Rules & Regulations

The following is a list of rules and regulations governing our child care agreement. Please read this handbook thoroughly as it contains many important policies and procedures that pertain to the care of your child. If you have any questions or need clarification, please ask prior to signing. The contents of this contract and all forms required for enrollment are non-negotiable.

## Enrollment Procedures

All necessary forms must be completed and returned to me before I will assume the responsibility of caring for your child. All forms must be updated every year. Please inform us immediately of any changes. Listed below you will find the list of forms that you need to return to The Learning Circle before or on your child's first day. Forms needed:

- This Enrollment Packet
- Immunization Record (Blue Form)
- Physical (Yellow Form)

## Days & Hours of Operation

The Learning Circle is a year round preschool program

The Learning Circle is open Monday - Friday. Childcare hours are 6:30 a.m. to 6:00 p.m. Please remember: you are paying for a specific slot, NOT per hour or per day, so no discounts are given if your child does not attend on a given day. Late fees will be charged for pick-ups past your agreed upon time. (See financial agreement) Activities include circle time, individual and group phonics instruction, math, science, reading readiness, and fun. We do a lot of singing and dancing!

Occasionally we participate in cooking experiences. We limit the number of children to guarantee individualized teaching and learning. A morning and afternoon outside playtime is also included when weather permits. This schedule is just an example of our day, and will be followed as closely as possible.

## Our Daily Schedule

6:30-8:00 a.m. ....Arrival time, acclimation, table activities  
8:00-8:30 a.m. ....Breakfast  
8:30-8:45 a.m. ....Clean up, free play  
8:45-9:30 a.m. ....Circle Time, Movement Activities, Literature  
9:30-10:30 a.m. ....Individual and Small Group Instruction, Phonics  
10:30-11:00 a.m.....Art/ Craft Activity  
11:00-11:45 a.m.....Outside play (weather permitting)  
11:45- 12:00 p.m....Clean-up, Prepare for Lunch  
12:00-12:30 p.m.....Lunch  
12:30-1:00 p.m.....Storytime  
1:00-3:00 p.m.....Rest Time  
2:45-3:00 p.m.....Wake up, Toileting  
3:00-3:30 p.m..... Snack  
3:30-4:00 p.m. ....Circle Time (Review)  
4:00 p.m.-Close..... Outside Play, Free Play, Computer Time

## **Absences/ Late Arrival**

If your child will be absent or late, please call to let us know. This will help us plan our day and is especially helpful in planning meals.

## **Arriving on Time**

Please make every effort to be on time at the end of the day. If you suspect that you may be late in picking up your child, you will need to arrange for a back up person to come in your place. In the event that you use a backup person to come for your child, please call us in advance. Your child will only be released to a person on your list of allowable people. They should be prepared to show photo identification upon arrival.

## **Holidays**

The Learning Circle is closed on all major holidays.

You are required to pay for the following observed holidays:

- Martin Luther King, Jr. Day
- President's Day
- Memorial Day
- The Friday and Monday around Easter
- July 4th
- Labor Day
- Veteran's Day
- Thanksgiving Day and the day after.
- Christmas Eve through New Year's Day

Please arrange for back-up care if needed. These are paid holidays and your fee will not be reduced.

If a holiday falls on Saturday or Sunday, The Learning Circle may also be closed the Friday before or the Monday after.

## **Childcare Rates and Late Fees**

Your weekly childcare rates are outlined on the last page of this agreement. As stated in that document, upon acceptance into The Learning Circle, and the signing of the contract, you will be required to pay a non-refundable enrollment fee. You may pay weekly fees by cash or check. Payments must be made the first day of the week that your child attends the program, upon drop off. If payment is not received at the beginning of the week, there will be an additional late fee of \_\_\_\_\_ per day.

## **NFS Checks**

Checks and cash are acceptable forms of payment. If a check comes back for insufficient funds, you will be charged a \$50 returned check fee. Reimbursement will be in cash only. Future payments will be required to be made in cash.

## **Mealtimes** (These times are approximate).

- Breakfast: 8:00 a.m.
- Lunch: 12:00 p.m.
- Snack: 3:00 p.m

All meals are nutritious and are served according to federal nutrition guidelines. Children will never be forced to eat. If your child has any allergies please make sure that we are aware. Menus will be posted weekly.

## **Safety**

All efforts will be made to provide a safe environment in which your child can explore, learn and be involved in many different learning experiences and explorations. As we all know, children do have accidents. (That's why they're called "accidents"). Minor bumps and scrapes are inevitable, but I make every effort to keep your children safe through supervision and childproofing. Minor injuries will receive appropriate first aid, and if an emergency injury or illness occurs, you will be contacted immediately. If we are unable to contact parents, emergency contact numbers supplied by you will be called. If necessary your child will be transported by ambulance to the nearest hospital. Parents are responsible for costs involved in emergency medical treatment, including transportation if required. Staff is CPR/First Aid certified.

# Illness & Sick Care

The health and well being of all of the children here are of utmost importance. All efforts will be made to keep the facility and toys clean and in good repair.

Our sick policy is as follows:

If a child is unable to participate in the normal routine of the day, he or she should not be brought to the program that day. There are also some illnesses that must exclude the child from attending. Some of those illnesses are, but not limited to:

- Diarrhea (child must be symptom free for 24 hours without the aid of medication).
- Strep throat (child must be symptom free for 24 hours without the aid of medication).
- Coxsackie (Hand, Foot & Mouth)
- Fever (100' f. or higher) (child must be fever free for 24 hours without the aid of medication).
- Vomiting or Upset Stomach

(child needs to be symptom free for 24 hours without the aid of medication).

- Chronic coughing
- Runny nose with colored discharge –check with doctor.
- Undiagnosed Skin Rash –check with doctor.
- Impetigo
- Hepatitis A
- Scarlet Fever
- Scabies
- Lice (child needs to be treated and nits removed before return).
- Ringworm
- Communicable diseases – chicken pox, measles, mumps, conjunctivitis (pink eye), influenza, etc. (The child may return when the incubation and contagious period is passed and the child is well enough to resume normal childcare activities).
- Severe pain or discomfort



## **Medications**

If your child is on medication and it must be administered while at the program, the medicine must be in the original container and labeled with the child's name, doctor, name of medication, and dosage. There is also a form to sign, giving permission to administer the medication to your child. Medication will be given at the time you specify and a written record will be kept.

## **Rest Time**

There will be a daily, state mandated rest time each day. Children are not required to fall asleep, but many do. Quiet activities are provided for those that wake early from rest time. Cots/mats are supplied for the children. You are required to furnish a sheet and blanket for rest time, to be taken home at the end of the week for laundering.

## **Supplies Needed for Your Child**

- Sheet and Blanket
- 2 Complete Sets of Labeled Clothing
- A 1" binder for your child's portfolio
- A Family Picture
- Suntan Lotion and/or Bug Spray (and signed permission form).

## **Vacations**

Each year, The Learning Circle will be closed for two weeks for vacation. You will be notified at least 1 month in advance as to which weeks The Learning Circle will be closed. You will not be charged for these weeks. You are required to arrange and pay for your own back-up care. You will be allowed 1 week of unpaid vacation. Please notify us at least 2 weeks in advance as to your family vacations.

## **Provider Illness & Emergency Time Off**

Please have back-up care available, if an emergency occurs that will require the closing of the program. You will not be charged for this type of closing. Your fee will be pro-rated.

\*If the emergency is weather related, (ie. a hurricane, a flood), you will be required to pay the regular weekly tuition. Typically if Palm Beach County schools are closed due to inclement weather, then we are closed.

## **Open Door Policy**

We have an open door policy at The Learning Circle. You are also invited to text and check on your child during the day.

## **Trial Period**

The first two weeks of each child's enrollment are on a trial basis. During those first two weeks either parent or provider may terminate this agreement at a moment's notice. After the initial two weeks, a two-week written notice by either party is required to terminate this agreement unless there is a violation of this Parent Handbook or other required forms.

## **Termination**

If you decide to remove your child from The Learning Circle, a two-week written notice is required. You are required to pay for these two weeks.

## Childcare Rates and Late Fees:

Upon acceptance into The Learning Circle, and the signing of this contract, you will be required to pay a non-refundable enrollment fee of \_\_\_\_\_.

You may pay weekly fees by cash or check. Payments must be made the first day of the week that your child attends the program, upon drop off. If payment is not received at the beginning of the week, there will be an additional late fee of \_\_\_\_\_ per day.

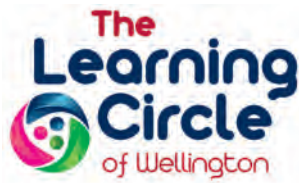
.....  
I understand that I am reserving and effectively buying a spot for my child, and therefore I am required to pay for that spot even when my child does not attend the program on a given day. I agree to give 2 weeks notice if and when I am ready to terminate my agreement with The Learning Circle. If I do not give the required 2 weeks notice, I will be responsible for paying for two weeks of care.

I agree to pay The Learning Circle the following tuition: \_\_\_\_\_ per week/day/hour (with a 3 hour minimum).

The hours of operation are 6:30 a.m. to 5:30 p.m. If I arrive after 5:30 p.m., I agree to pay the rate of \_\_\_\_\_ per minute. This fee will be collected at the time of pick-up, or added to the following week's tuition payment.

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

\_\_\_\_\_  
Date



Welcome to The Learning Circle. Our philosophy is one of love and respect. We believe in striving for great heights while recognizing each child as unique and wonderful; a member of our community of learners. Our job is to enrich and inspire, as well as introduce language and great literature, reading readiness, math, art and craft experiences, and the beauty of our world. Together as partners with you --- our children's first teachers, we hope to implement a developmentally appropriate, outstanding curriculum that helps develop the whole child.

## Agreement

I have read and fully understand this Parent Handbook. I understand that I am reserving and effectively buying a spot for my child, and therefore I am required to pay for that spot even when my child does not attend the program on a given day. I agree to give 2 weeks notice if and when I am ready to terminate my agreement with The Learning Circle.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_