PRESCHOOL ENROLLMENT APPLICATION

LITTLE LEARNERS PRESCHOOL
3588 Brookside Road. (209) 954-7656
Stockton, CA 95219
www.brooksidelittlelearners.com

Thank you for your interest in LITTLE LEARNERS preschool. Please complete this form and return it to the school office as soon as possible. A $100.00 check or money order must accompany these forms in order to complete registration. Should there not be an opening available, we will be happy to place you on a waiting list or you may request that the registration fee be refunded. Otherwise, this fee is non-refundable, with no exceptions.

Little Learners Preschool does not discriminate as to race, color, creed, ethnic or national origin, in its admission policies, academic and athletic programs, scholarships, student assistance programs, in its administration, directorships, hiring, advertising, and business transactions.

STUDENT'S NAME ______________________________ Sex: M F

Father/Male Guardian's Name ______________________________ Soc. Sec. # ________________

Mother/Female Guardian's Name ______________________________ Soc. Sec. # ________________

Marital Status (Please Circle One) Married Divorced Single Widowed

Home Address ____

City ____________________ State ______________ Zip Code ________________

Child's Birth date ______________ Birthplace ______________ Home Phone ______________.

Father's Employment ____________________ Father's Work Phone ________________

Father's email ________________________ Father's Cell Phone ________________

Mother's Employment ____________________ Mother's Work Phone ________________.

Mother's email ________________________ Mother's Cell Phone ________________.

To receive family discounts please list names and grades of any other children in your family who are applying for registration at Little Learners ________________________________

How did you hear about us? ________________________________.

Names and phone numbers of people other than parents authorized to take child from the center and can be contacted in case of emergency. (Please print)

Name: ____________________ Relationship: ______________ Phone ______________

Name: ____________________ Relationship: ______________ Phone ______________

Name: ____________________ Relationship: ______________ Phone ______________

Physician's Name ____________________________ Phone ________________

OFFICE ONLY:

A/R # ______________ Pre-K Y or N Registration ________ Fixed Chg ________ Date Received ________

Room # ____ Date to Start ________ Current Month ________ Current Month Tuition ________ Receipt # ________.

PRESCHOOL ENROLLMENT CONTRACT

Hours: 6:00 a.m. - 6:00 p.m. Half Days: 4-1/2 hours or less

TUITION: All tuitions are charged on monthly rates only.

5 Full Days - $675.00	5 Half Days - $610.00
4 Full Days - $595.00	4 Half Days - $550.00
3 Full Days - $505.00	3 Half Days - $450.00
2 Full Days - $395.00	

FAMILY DISCOUNT: 20% discount for additional children in same family and residence.

Tuition is due on the first of each month, however may be paid through ACH automatic bank withdrawal on the 4th of each month or charged an additional $20 per month for paying by cash, check or credit card. A ten (10) day grace period will be allowed from the first of each month. At the expiration of this 10-day period all past due accounts will be assessed a 3% late charge on the remaining balance per family. Thirty calendar days notice will be given of any tuition rate change.

Tuition is billed according to the days requested below. Full payment will be required whether your child attends or not, holidays included. (A list of holidays is available at the front desk.)

Should you desire to change the scheduled days for your child to attend, there is a $10.00 charge for any changes in days enrolled - subject to openings. Written notice is required 2 weeks in advance of leaving school enrollment to avoid additional charges. In order to provide quality and reliable staffing for your child, there are no credits for illness. You can receive up to 2 full weeks between September 1 and August 31 annually when taken at a full week at a time for vacation without charges when giving 30 days notice. We can credit only for full week vacations not by days.

For the safety of the children, we require daily signing in and out for each child. There is a $2.00 charge for the first failure to sign in or out on any day and repeated failure to sign in or out will require removal from enrollment.

After 6:00 p.m. there is a fee of $5.00 for the first 15 minutes and an additional $10.00 charge for every 15 minutes thereafter. A $20.00 service charge will be assessed for all returned payments, and $35.00 for all stopped checks.

PLEASE REGISTER MY CHILD TO ATTEND THE FOLLOWING DAYS:

Monday _________ Tuesday ________ Wednesday ________ Thursday _______ Friday ________

Days not attended cannot be substituted for another day.

Full Day Schedule __________ Half Day Schedule __________

I understand and agree that continued enrollment and re-enrollment of my child(ren) in this school is dependent on my parental support of the school, its staff and its policies. Three calendar days-notice will be given for removing a child from attendance whose account falls behind or for other reasons except in the case where the administration feels any child's or staff person's health or safety is concerned. Immediate removal will be required in such cases.

I understand that the state child care regulatory enforcement and administration agency and the local department of social services of child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

I HAVE READ THE ABOVE & AGREE TO THE TERMS STATED IN THIS ENROLLMENT CONTRACT.

Signature of Parent/Guardian____ **Date**__________

Signature of Parent/Guardian____ **Date**__________

Signature of Preschool Authority ______________________________________ **Date**__________

Signature of State Representative _____________________________________ **Date**__________

ACH Authorization Form

If you are currently on ACH you do not need to complete another form.
I hereby authorize Little Learners Kindergarten (LLK) to initiate debit/credit entries to my account in the entity named below (Bank/Credit Union). This authorization is to remain in full force and effect until agreement is revoked. Any revocation shall not be effective until LLK has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give LLK a reasonable opportunity to act on it. LLK reserves the right to revoke this agreement at any time. Funds are to be available by the fourth day of the month. Any/all Non-Sufficient Funds charged back to the school will result in $20.00 service fee. Any charge backs may result in revocation of this ACH agreement. Debits are made on the fourth of each month or shortly thereafter in an amount of the full account balance, beginning in the month following the month in which this authorization is received.

Parent/Guardian Name (PLEASE PRINT)

School Account Number

Bank/Credit Union Account Holder Name (PLEASE PRINT)

Social Security Number

Bank/Credit Union Name (PLEASE PRINT)

Account Type:
Checking ☐ or **Savings** ☐

Bank/Credit Union Address (PLEASE PRINT)

Routing Number *

Account Number *

* Numbers on the bottom of your checks: ⑆ 123456789 ⑆ 1234567890123 ⑈

Routing Number — Account Number

Institution Account Holder's Signature

Date

Attach a Cancelled Check here

Form 1/4/14

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME		DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME		DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)		WHAT ARE USUAL EATING HOURS?
	BREAKFAST	BREAKFAST ______
	LUNCH	LUNCH ______
	DINNER	DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE

LITTLE LEARNERS PRESCHOOL

PARENTAL PERMISSION SLIP

The following is a permission slip to give your parental approval for your son or daughter to participate in preannounced activities. On occasion a child must be restricted from participating in a field trip due to his permission slip not returning in time. Signature on this form indicates your pre-approval for participation in all school activities.

You may choose to require a signature approved notification or to revoke this form in the future. In any regard, the proper and safe care of your child will always be our priority.

By enrolling a student, the parent or guardian authorizes the school to use pictures of the student in school promotional and social media. Parents may request to have their child not included in the school pictures by writing a letter to the school.

My son/daughter ______________________________________ is hereby granted permission to take part in all outside field trips taken by the school. It is my understanding that every precaution will be taken for the safety of my child. I also understand that proper supervision will be provided by the school. Therefore, my child may take the field trips. The school, owners, directors, teachers, and assistants are hereby released from any punitive damages in the events of injury to my child occurring as a result on a walk, or field trip.

____ ________________________

Signature of Parent or Legal Guardian Date

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I hereby give consent to Little Learners Preschool to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D. or D.D.S.) for_________________________________. Care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

____ ________________________________

Signature of Parent/Agency Representative/Legal Guardian *Please Print Name Here:*

Home Address: ____ Date: ____________________.

Home Phone: ___________________________Cell Phone: ___________________________.

Email Address: ____

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.

5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.

6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Department of Social Services, River City Office

   Licensing Office Address: 8745 Folsom Blvd., #200, Sacramento, CA 95826

   Licensing Office Telephone #: (916) 229-4530

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of ________________________________, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Little Learners Preschool
Name of Child Care Center

______________________________ Signature (Parent/Authorized Representative)

______________ Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME
Department of Social Services, River City Office

ADDRESS
8745 Folsom Blvd. #200

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Sacramento	95826	(916) 229-4530

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
Little Learners Preschool	3588 Brookside Rd., Stockton, CA 95219

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

______________________________, born ______________________ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Little Learners Preschool ______________ . This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _________ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

______________________________ (SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) __________ (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: Allergies: medicine:

Vision: Insect stings:

Developmental: Food:

Language/Speech: Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: ______________________ Date of Physical Exam: ______________________
Address: ______________________ Date This Form Completed: ______________________
Telephone: ______________________ Signature ______________________

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner