::::::Desktop:Screen Shot 2017-06-27 at 9.24.49 AM.png

**Child Registration**

**Child's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**People permitted to pick up your child (other than those listed above):**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drop-off Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick-up Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Days Attending:** Monday Tuesday Wednesday Thursday Friday

**How did you hear about us?** Drive by, Referral, Online, Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

**Physician Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name) (Last Name)

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Physical Exam: \_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health or Developmental Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dentist Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of last dental exam:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child seeing a speech therapist, physical therapist, nutritionist or any other specialist?

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have; birth marks or Mongolian spots: **Y/N**

If so, please provide the location of where they are located:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Out-of-Area Contact Information**

During a disaster, communication may become challenging. Often it is easier to contact an out-of-area phone number than a local or cell number. Our facility has established an out-of-area contact to relay information throughout a disaster. Please provide the following information for our records:

Out of Area contact (100+ miles away)

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name) (Last Name)

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Contact (nearest acquaintance)

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name) (Last Name)

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission for Emergency Medical Treatment**

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or guardian hereby give permission that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be given emergency treatment to include First Aid/CPR by a qualified staff member at Lil' People's World. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed on my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Hospital Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Insured’s Name (or Insured contract holder)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement for Medical Expenses**

I am the parent, custodian or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“**Child**”). I understand that as a condition of enrolling my child in Lil’ People’s World program, I am required to ensure that my child has health insurance. I authorize Lil’ People’s World to make emergency medical decisions, authorize emergency medical procedures and seek appropriate medical care or treatment that Lil’ People’s World determines to be necessary at the sole discretion of Lil’ People’s World. I agree to accept full responsibility and liability for the cost of any treatment, medical care, dental care, or transportation authorized or ordered for my child while at or participating in Lil’ People’s World Programs, except to the extent that Lil’ People’s World is legally liable for the injury.

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

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

**Release and Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that Lil’ People’s World is not an insurer against injury, and that Lil’ People’s World offers its services at a cost which reflects the fact that Lil’ People’s World will not and cannot be financially responsible for personal injuries which might occur anywhere on Lil’ People’s World premises. I agree to release and hold harmless Lil’ People’s World and its employees, administrators and owner from and against any liability for damage or injury arising out of personal injuries sustained by my own child as a result of the intentional act or omission to act of the child-care center employees, students or any other individual for whose acts the school might otherwise be liable except through gross negligence or willful misconduct on the part of Lil’ People’s World or its agents. I accept this limitation with the knowledge that I am free to enroll my child at another childcare facility if I decline to accept this release.

**Child's Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

    (First Name) (Last Name)

**Parent/Guardian Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Agreement**

I give permission for Lil’ People’s World to transport my child by the provided form of transportation when enrolled in a Before or After School Program or attending a field trip. If I fail to drop off my child before departure time it will be my responsibility to ensure that my child be transported to school.

Initial:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

**Outside Food Policy**

Here at Lil’ People’s World, we are a Nut-Free Facility. In order to continue this we request families to bring in foods with nutrition labels and ONLY nut free products. As a parent, this may be a concern when providing treats for birthdays, farewell parties and celebrations. We have provided some suggestions for pre-permitted treat options.

Permitted Treat Options: Fruit, Vegetables, Low Sugar frozen treats, , Nilla Wafers, Krispy Treats

Please check with the Director for any other possible allergies within the classroom. (i.e. Dairy Allergies)

When treats are brought in, they must be given to the office with the child’s name and classroom labeled. The office will then provide the class with the approved snacks.

I understand that in order to bring outside food, I must meet Lil’ People’s World’s **Outside Food Policy** standards. I understand that this is done to ensure the safety of the children.

Initial: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Photo,Video and Social Media Release**

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give full permission for my child’s picture to be viewed on the official Lil’ Peoples World website, newsletter or social media pages. The pictures used will only be in relation to the daily activities at LPW. Photographs provided by myself or other family members may also be used on these documents.

(Initial) I agree: \_\_\_\_\_\_\_\_\_ I opt out: \_\_\_\_\_\_\_\_\_

I acknowledge that my child may also be videotaped by a security camera while at or around the school premises. I will notify each person listed on the Registration Form that he or she may be also videotaped while at or around the school premises. I also agree to not videotape, photograph or voice-record any person on the Lil’ People’s World premises at any time. I agree not to post comments that are harassing, misleading or defamatory or that are invasive of anyone’s individual privacy regarding any students, staff or Owner of Lil’ People’s World on any website, blog or social media network.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent Signature) (Parent Signature)

**Enrollment and Policies Agreement**

This Enrollment Agreement (the “Agreement”), is effective this \_\_\_\_\_\_\_ (day) of \_\_\_\_\_\_\_\_\_ (month), \_\_\_\_\_\_\_\_ (year), is between Lil’ People’s World, an independent private childcare center located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. There is an ANNUAL registration fee of $100.00 that must be paid at the time of initial registration. If a child is disenrolled for a period of longer then 3 consecutive weeks, the registration must be repaid to re-enroll.
2. A non-refundable tuition deposit of $\_\_\_\_\_\_\_\_\_ (your child’s first week’s tuition). Please refer to our tuition policy as weekly tuition varies by classroom. This is required to guarantee/reserve enrollment space for each child in the family.
3. There is an additional $10.00 fee upon enrollment for the purchase of an Emergency Disaster kit that will be stored on site for my child in the event of an emergency.
4. There is an additional $5.00 per week assessed if you would prefer your child to consume Organic Milk only. Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_. No thank you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I understand that a written two-week notice must be given to the Director in order to withdraw my child. Tuition is then required to be paid through the end of the two week notice. If a two-week notice is not received, a two-week tuition charge will be incurred from the last day of attendance.
6. If receiving a childcare subsidy from the State or other provider, I agree to pay my co-payment no later than the first business day of each month. I understand that late charges will apply. I understand that I am responsible to pay the Lil’ Peoples’ World **Standard Tuition Rates** for any time period ***not covered*** and/or contracted by the subsidy provider.
7. **Tuition:**

**Weekly Tuition** is due every Monday. There is a 24-hour grace period and a $5.00 per day late fee that will be charged on tuition payments received after this grace period. If weekly tuition fees (including any applicable late fees) are not received by the 5th calendar day of the month, care will be terminated.

**Monthly Tuition** is due on or before the tuition week of each new month. There is a 24-hour grace period and a $5.00 per day late fee will be charged on tuition payments received after this grace period. If Lil’ People’s World is compelled to take legal action to collect unpaid tuition, the responsible party agrees to pay Lil’ People’s World reasonable attorney’s fees and costs incurred.

* If a family has a second child at the center, the family shall receive a 15% discount on whichever child has the lesser tuition. If a family has a third child at the center, the family shall receive a 20% discount on whichever child has the lowest of the tuitions.
* A fee of $35.00 will be charged for checks returned as Non-sufficient funds (NSF).
* At the time of enrollment, the child shall be scheduled for specific days and times. Additional days may be added for an additional fee: (these fees are broken down in our tuition policy per classroom)
* Weekly/Monthly tuition fees are non-refundable regardless of holidays, illness, vacation, professional development in-service days, inclement weather days or emergencies. Lil’ People’s World will make reasonable effort to open in inclement weather; however Lil’ People’s World may choose to close at the sole discretion of the Center. In the event of an unexpected closure there will be a message left on the voicemail one hour prior to opening hours. Please refer to the details for closures or early closure in the Disaster/Crisis handbook and Policies.

* Lil’ People’s World will open at 6:30 a.m. and close at 6:00 p.m. A fee will be charged for any child not picked up before regular closing time. This charge shall be $1.00 per minute per child. Fees for late pick-up are to be paid immediately (night of late pick up or morning following).

* Lil’ People’s World reserves the right to deny, cancel, or suspend a child’s enrollment at any time in its sole discretion.
* Children may not attend the Lil’ People’s World while ill. Children who become ill at school must be picked up immediately – parents should refer to the Center’s Health Policy. If the child is absent, the absence should be reported Lil’ People’s World by/before 10:30 a.m.
* Parents agree not to engage employees of Lil’ People’s World for outside childcare services unless and the parent(s) and the employee(s) have informed the Director and have signed a release.
* Please see posted dates in the lobby for scheduled In-Service and Closure Dates.
* Parents will be given a 30 day notice prior to tuition increases. Tuition rates will typically be increased each September.

The undersigned Parents have received an executed copy of this Agreement and a copy of the Parent Handbook which included the Illness Policy reference. Parents acknowledge that this agreement is by and between Parents and Lil’ People’s World Learning. The Parents understand that from time to time Lil’ People’s World may update its enrollment policy and that by keeping a child enrolled in Lil’ People’s World after any update to the policy, this will be considered consent to any updated policies.

The undersigned Parents understand the terms and Agreement and agree to be bound by them. All policies can be reviewed on site or online at: [www.LilPeoplesWorld.com](http://www.LilPeoplesWorld.com).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Management Date

**Policy and Agreements Review**

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and reviewed the following Lil’ People’s World policies (please initial each line):

\_\_\_\_\_\_ (Initial) Parent Handbook

\_\_\_\_\_\_ (Initial) Healthcare Policy

\_\_\_\_\_\_ (Initial) Disaster/Crisis Plan

\_\_\_\_\_\_ (Initial) Pesticide Policy

\_\_\_\_\_\_ (Initial) Transportation agreement if it applies

\_\_\_\_\_\_ (Initial) Outside Food Policy

\_\_\_\_\_\_ (Initial) Photo/Video & Social Media agreement

\_\_\_\_\_\_ (Initial) Enrollment/Tuition Agreement

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

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

Lil’ People’s World Rep. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Lil’ People’s World Parent Orientation**

(to be completed with management)

* Registration Packet
* Immunizations
* Infant Information Form
* Organic Milk option
* Supplemental Menu
* Anti-Bullying and Behavior Management Policy
* Hours of Enrollment: 10-hour maximum, call if late or absent.
* Sign-in Procedures: Full-Legal Signature, 10:30 AM Policy, I.D. required for individuals on pick-up list.
* Drop-off Procedures/Cell phone/Sign in procedure/Classroom requirements
* No outside food, special occasions only store-bought items. (Nutrition Label Required)
* Items to bring for age group; i.e. bottles prepared, extra clothes, sheet, blanket and water bottle
* Illness Policy
* Medication, Diaper Cream, Sunscreen Form
* Holiday’s, In-Service days, Non-scheduled Closure dates.
* Tuition Policy, Paid on Monday’s
* Transitions into the next classroom
* A two-week *written-notice* is required prior to disenrollment. For more information, please review the Tuition Policy).

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

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

LPW Management Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Early Achievers: Parent/Guardian Consent for On-Site Evaluation**

Dear Families:

Lil’ People’s World is participates in a program called Early Achievers. We need your help to make this effort a successful. Please read below for more information on how you can help us continue to provide high-quality care that helps children learn and grow.

Early Achievers is a voluntary program that:

• Provides families with information about the quality of care with a rating level system.

• Offers child-care programs resources like coaching and training so the Center can support children’s learning and development.

On-Site Evaluation: Child-care programs that participate in Early Achievers receive **on-site evaluation** visits from the **University of Washington (UW).** The purpose of the evaluation visits is to observe and gather information about the program in order to create an **Early Achievers Rating**.

Lil’ People’s World has invited the UW evaluation team to visit a random selection of its classrooms as part of the Early Achievers rating process. Your child’s classroom may be chosen and observed to help the rating team measure the quality of care provided at Lil’ People’s World.

This process includes collecting information that will be used to create a program rating and can be used in the next phase of Early Achievers to improve the quality of care provided for your child, like:

• Observing the child-care environment to learn about the materials, activities and experiences available to support children

• Observing interactions between teachers and children

• Audiotaping teachers’ language to understand the amount and type of language your child’s teacher uses

• Observing children engaging in the classroom to understand how the environment stimulates children’s learning

• Interviewing teachers and directors about how they use their practice to support their young children

• Interviewing interested families to learn about how the facility staff partner with families to supports their child’s learning and development

• Reviewing program files and documentation to learn how program policies and procedures support quality practice

• Reviewing child files to see how the program supports each child’s learning and development

**Please note:**

• Your child’s care and education will not be interrupted or altered during this process.

• One Early Achievers rating will be assigned for each participating child-care program. Information about your facility’s participation will be posted on the Department of Early Learning and Child Care Aware of Washington websites.

• Any information that is made publicly available as part of Early Achievers will never include information about your specific child.

• No identifiable information about individual children will be collected. Please let us know if your child’s files can be included during the evaluation visit.

\_\_\_\_\_ I allow my child’s files to be reviewed as part of the facility evaluation as outlined above.

\_\_\_\_\_ I would like my child’s files to be excluded during this process.

Reason (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**‘Getting to Know You’**

1. What do you value most about your child’s daily interactions at school?

1. What languages are primarily spoken at home?

1. What's is your child’s bedtime routine?

1. How does your family prefer to spend free time?

1. What’s your child’s favorite activity?

1. What are some of your child’s least favorite things to do?

1. When emotions run high, how does your child settle down?

1. Are there any other family members that live in the home, or interact with your child on a daily basis?

1. What’s your favorite thing to celebrate?

1. Are there any other topics you would like to share about your child's family?