



Application for Enrollment

Desired Date of Enrollment _____

Child Care Status Requesting (Circle One)

Full-Time

Part-Time

Before & After School

After School Only

Child's Name _____ Gender: Male / Female

Last

First

Middle

Nickname

Date of Birth _____ Age at time of enrollment _____

Street Address: _____ Apt/Lot#: _____

City

State

Zip

Home Phone _____ Cell Phone: _____

Who will be responsible for the child's tuition? _____

Mother's Name _____ Phone: _____

Mother's Employer: _____ Work Phone: _____

Employment Address: _____

Email: _____

Father's Name _____ Phone: _____

Father's Employer: _____ Work Phone: _____

Employment Address: _____

Email: _____

Child lives with: Both Parents Mother Father Other_____

Siblings Names: _____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____

Describe any medical problems your child has or any information you feel would be important for us to know:

Parent Authorization Form

Release for Photographs:

I understand that Little Life Early Learning may take photographs of the children at different times for use of crafts and bulletin board displays. I give Little Life Early Learning /Little Life Preschool permission to take pictures of my child/children.

PARENT SIGNATURE

DATE

Medical Release Form:

I give my permission for Little Life Early Learning /Little Life Preschool staff to seek medical treatment for my child/children. I understand that I am completely responsible for any bill that is incurred for this treatment. This includes but is not limited to ambulance, emergency room, doctor's fees, and any test that are performed.

The following are the full names and dates of birth for the children I am giving permission for:

CHILD NAME

BIRTHDATE

CHILD NAME

BIRTHDATE

PARENT SIGNATURE

DATE

Vehicle Transportation for Little Life Daycare:

I realize all Field Trips for Little life Daycare will be taken by motorized vehicle. I give my child permission to ride in a motorized vehicle under the care of Little Life Daycare. I will be notified and a parent permission slip will be required before every field trip.

PARENT SIGNATURE

DATE

Parent/Provider Contract

Name of child to be enrolled at Little Life Early Learning /Little Life Preschool:

CHILD NAME

DATE

Please fill in the days and times you are requesting child care. Please note these are the days and hours that will be reserved for your child providing that you have paid your child care in advance.

Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____

If your child will not be attending on a particular day, or will be later than scheduled time please notify the Learning Center Office before 9:00 am. We turn in our lunch count at 10:00am and schedule our staff according to ratio. Knowledge of attendance if your child will be arriving after this time is helpful

Little Life Early Learning is open from 6:30 am until 5:30 pm. If lateness is unavoidable, notify the center immediately and arrange for your child to be picked up by another adult. If child is picked up after hours (between the hours of 5:30pm - 5:45pm) a \$15 late fee will be added to your weekly tuition. After 5:45pm an additional dollar per minute will be added.

It is important for you to keep in mind that we will be reserving the above time for your child and we schedule our staff according to your child's schedule.

If you are receiving government subsidy Through CCDF we are unable to accept your children during hours that you are not at work or school. This is a regulation established by the State Subsidy Program. You will be responsible for the unpaid balance if CCDF does not pay the full tuition. Failure to do so will result in dis-enrollment.

Little Life Early Learning will be closed in recognition of the following holidays, you will NOT be charged for these days:

Good Friday	4 th of July	Memorial Day	Labor Day
Thanksgiving and the Friday after		Christmas Eve	New Year's Day

Let's Get Acquainted

Today's Date _____

Child's Name _____ Nickname _____

His/ Her Special Interests Include _____

What opportunities does your child have to play with others the same age?

Please List any Food Allergies _____

Any Difficulties with eating _____

Nightly Bedtime _____ Wake-up time _____

Does your child take a nap _____ How long _____

Does your child have a special toy to nap with? _____

What is your child's routine in preparation for sleep _____

Is your child toilet trained? _____ If so, is assistance needed? _____

Does he/she need to be reminded? _____

Does he/she give hints to indicate needs _____

Does your child have any fears that we should be aware of? _____

Does your child take medication regularly? _____

Please list any special needs we should be aware of _____

Any other information we should know in order for us to provide better care for your child? _____

EMERGENCY CONTACT NUMBERS

In case of Emergency, Please contact this list in this order

CHILD NAME

NAME

RELATIONSHIP

CELL PHONE

HOME PHONE

WORK PHONE

NAME

RELATIONSHIP

CELL PHONE

HOME PHONE

WORK PHONE

NAME

RELATIONSHIP

CELL PHONE

HOME PHONE

WORK PHONE

NAME

RELATIONSHIP

CELL PHONE

HOME PHONE

WORK PHONE

PHYSICIAN

PHONE

ADDRESS

Child Pick-Up Authorization Form

I give permission to the staff of Little Life Early Learning to release my child,
_____ to the following individuals without having
any other form of permission other than this sheet and a photo I.D. I understand it is my
responsibility to complete a new form if I choose to have a name removed.

Contact Person _____

Relationship _____

Phone _____

Contact Person _____

Relationship _____

Phone _____

Contact Person _____

Relationship _____

Phone _____

Contact Person _____

Relationship _____

Phone _____

Transportation Policy:

Little Life Early Learning occasionally provides transportation for field trips throughout the year. We will only transport children with a signed permission slip from the parent or guardian. Only qualified adults that are licensed with the State of Indiana will transport the children. The driver will be over 25 years of age and have a clean driving record.

Drivers will follow all pertinent Indiana laws and will not use cell phones at any time while in the vehicle. Children will always be restrained in the proper seats and seat belts and at no time will the vehicle exceed the recommended capacity. Children will not be left unattended at any time. Upon returning from each trip, the van will be inspected to ensure that no children are still on the vehicle.

We have automobile insurance that covers transportation of children for our child care business. All vehicles used for transportation will be maintained in a safe condition and serviced regularly.

All field trips will be announced, planned and additional parental consents will be sent home for signatures.

Safe Conditions Policy

The following steps will be taken to ensure that your child is safe while at Little Life Early Learning.

Children will be actively supervised with the required number of qualified adults. All teachers and staff have completed a comprehensive criminal history check, drug screen, and negative TB test and have completed all required training required by childcare providers in the state of Indiana.

The director is responsible to inform Little Life maintenance staff regarding the maintenance of all interior and exterior surfaces, including walls, floors, ceilings. Little Life director and staff are responsible for keeping toys, furnishings, and cribs in a safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts, or materials containing poisonous substances.

Little Life will take the following steps to maintain the child care facility:

- (1) Clean the facility daily
- (2) Sanitize toys, furniture, and other equipment used by the children daily, and deep cleaning weekly.
- (3) Wash all soiled items prior to sanitization.

DISCIPLINE

Acceptable Discipline

At Little Life we approach discipline with positive intent for each child. Our goal is to teach children the skill of self regulation through “conscious discipline” practices.

1. Positive intent: Always see the best in others
2. Assertiveness: What you focus on you get more of
3. Empathy: The moment is as it is
4. Consequences: Mistakes are opportunities to learn
5. Composure: No one can make you angry without your permission
6. Encouragement: We are all in this together
7. Choices: The only person you can “make” change is yourself

Unacceptable Discipline

1. Never tell or allow a child to reciprocate in the same manner.
2. Professional conversation with a child should always be used. Never use demeaning names or remarks.
3. Never speak about a child’s misbehavior to others in the presence of that child or any other children.
4. No teasing, embarrassing, humiliating, harassing, or provoking children.
5. Never use demeaning remarks or names in a teasing manner.
6. Never yell or raise your voice at a child.
7. Never use physical discipline (i.e. spanking, biting, slapping, hitting etc.) even with a parent’s permission.
8. Use of inappropriate discipline may result in termination.

If your child’s behavior is very disruptive or harmful to himself or other children, we will discuss with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

CHILD NAME

DATE

PARENT SIGNATURE

DATE

Little Life Policy for a Biting child:

1. The first time a child bites a child or teacher, an incident report is to be written up.
2. The child is to be removed from the situation immediately and parents are to be informed of the incident when the child is picked up.
3. Second incident will result in a meeting with parent and director
4. Third incident will be subject to meeting with Administrator/Director and possible suspension or dis-enrollment
5. An incident report is to be filled out for any bite or injury
6. For an unruly child, they are to be removed from the situation and handled in a manner which will protect those around him and himself

CHILD NAME

DATE

PARENT SIGNATURE

DATE

Permission to Apply Sunscreen

I give consent to the employees of Little Life Early Learning to apply sunscreen provided by me to my child, _____, when going outdoors.

CHILD NAME

DATE

PARENT SIGNATURE

DATE