



Little Builders Learning Center

Little Hands. Big Achievements

CHILD ENROLLMENT FORM

13342 Clarksville Pike • Highland, MD 20777 • Phone: (301) 854-2221

Enrollment Date: ____/____/____

Child's Name (Last, First & Middle Initial): _____

Child's Nickname: _____

Child's Birthday: ____/____/____

Child & Parent(s) Address: _____

Child's Living Arrangements: _____

Child's Legal Guardian: _____

Parent #1 (Mother) Name: _____

Cell Number: ____ (____) ____

Social Security Number: _____

Driver's License #: _____

Parent #1 Employer: _____

Work Number: _____

E-mail Address: _____

Work Hours: _____

Parent #2 (Father) Name: _____

Cell Number: ____ (____) ____

Social Security Number: _____

Driver's License #: _____

Parent #2 Employer: _____

Work Number: _____

E-mail Address: _____

Work Hours: _____

Additional information regarding your child: _____

Camera Username: _____

4 Digit Password: _____

Person to Notify in Case of an Emergency (other than Parent/Guardian):

Name: _____

Relationship to Child: _____

Phone Number: _____

Additional Number: _____

Name: _____

Relationship to Child: _____

Phone Number: _____

Additional Number: _____

LITTLE BUILDERS LEARNING CENTER PARENT CONTRACT

Child's Legal Name: _____

Child's Date of Birth: _____

Parent's Name(s): _____

Tuition and Modification Conditions

Parent Initials

I have enrolled my child for the following times: From _____am/pm to _____am/pm.

Days (circle each day): M T W Th F

The current tuition rate for the program I have chosen is \$_____ per month.

I understand that rates are subject to change as conditions require. I will receive thirty days' notice if there is a change. Payment of any tuition in excess of any agency reimbursement is my responsibility. _____.

Deposit

I understand that I am required to pay one week tuition as a deposit. This deposit will apply to my child's last week of tuition. I understand that I have to give two weeks' written notice when withdrawing my child from the center. This deposit will ensure that two weeks' notice. _____.

Tuition Payments

I understand that tuition is due and payable in advance. The payment of the monthly tuition is due on 1st of each month. If payments are not received, in full, by the 5th of the month, I agree to pay a late fee of 6%. I understand that if my account is continuously delinquent, I must withdraw my child from the program. If tuition is not paid in full by 10th of the month, my child will not be permitted to attend the center and my deposit will be credited to my account and my child will lose his/her place in the program. I understand that a processing fee of \$30 will be added to my account for any returned checks and the 6% late fee will also be applied to the account. If more than two checks are returned within a calendar year, I will be required to pay in cash or money order. _____.

Registration Fee

I understand that a one-time, non-refundable Registration Fee of \$150 shall be paid to enroll my child. In instances of agency reimbursement, the registration is my responsibility. _____.

Satisfaction Guarantee

I understand that a satisfaction guarantee applies to my child's first calendar week of attendance, as a new enrollee. If I should have concerns that cannot be resolved to my satisfaction on or before the Friday of the first week of attendance, I must submit my written request for a refund and notice of withdrawal. I also understand that the registration fee will not be refunded. _____.

Daily Sign-In

I agree to complete the Sign-In/Sign-Out form, including complete signatures, on a daily basis. All parents are required to escort their children to and from their designated classroom. _____.

Release of Child

I understand that my child will be released only to those persons whose names I have listed on the Child Enrollment Card and Emergency Card. I understand that I must advise the Director, or other designated person in charge, in writing, if any person other than those listed is to pick up my child. Little Builders' employees will require proof of identification of caller, or any persons arriving to pick up my child. A telephone authorization will be confirmed with the custodial parent. _____.

Charges for Late Pick-up

Our center is open from 6:30am to 6:00pm on Monday through Friday, January through December. I understand that if my child remains past the scheduled closing time, I will be charged and I agree to pay an additional fee of \$10 per every fifteen minutes past 6:01pm per child. _____.

Holidays

I understand that the center is closed for the following Holidays: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving (Thursday & Friday) and Christmas (3 days, Christmas Eve and the day after Christmas). I agree that I am not entitled to any refund, credit, make-up day, or any other allowance for Holidays. _____.

Inclement Weather

In an effort to service our parents and families, it is our intent to remain open every day during the week (except on Holidays). If inclement weather does occur, any closing will be announced through on our answering machine, Facebook page and on www.schoolsout.com/schools/628. Register at the website to receive an e-mail or text alerts regarding any delays, early closings or cancellations. _____.

Special Instructions

I understand that field trips and optional programs may be offered. Most of these programs require a fee in addition to regular tuition. These fees are payable a week prior to the event or program. In instances of agency reimbursement, fees for these events or programs are my responsibilities. _____.

Field Trips

Supervised field trips may be scheduled to local settings of interest. I understand that I must complete and sign a permission slip for each event in which I wish my child to participate. _____.

Absences

I understand that no allowances shall be made for occasional absences. Refunds, credits or make-up dates cannot be granted. _____.

Vacations

I understand that after one year of continuous, active enrollment in the center, my child will receive 1 free week of vacation which must be used during the renewal year. This vacation week has no monetary value and cannot be continued to a future year or combined with any other discount. I understand that my child cannot attend the program during this vacation week. _____.

Withdrawal from Program

I understand that I must provide two weeks' notice of withdrawal from the program. If written notice is not provided, I agree to pay all fees for the program in which my child was scheduled to attend. I understand that my child will then automatically be withdrawn and can be readmitted, only if space is available. If I wish to re-enroll, an additional Registration Fee will be due and payable. _____.

Personal Items

Little Builders is not responsible for personal items brought into the center such as toys, jewelry, etc. Personal items, such as coats and backpacks should be labeled with the child's first and last name. _____.

Transportation

Transportation is not supplied by Little Builders. We do, however, have arrangements with the county school system, where they will pick up and drop off children to the center. This applies to certain schools only and a signed Transportation Agreement must be on file for transportation services. _____.

Model Release

Little Builders, its licensees and signees _____ MAY _____ MAY NOT use photographs, videos, and/or sound recordings of my child. Such use may include advertising and publicity purposes. _____.

Illness/Good Health

I understand that I will be notified should my child become ill during the day and it will be necessary to make arrangements to have my child picked up as soon as possible. If my child is exposed to or contracts a contagious disease, I agree to notify the Director immediately. I understand that I will be notified of communicable disease in accordance with Health Department regulations. If I have authorized in the required format, a designated Little Builders Employee may administer properly labeled prescribed medication to my child, if needed. I will be notified if any adverse reaction occurs. "Over the counter" medications will be administered only with written authorization from my child's physician. I understand that I must authorize this administration in the required format on a daily basis. If my child is injured at the center and requires medical attention, my health insurance will be the primary source responsible for payment. _____.

If Your Child is Bitten

Child development research indicates that approximately 50% of all children enrolled in child-care will be bitten. Toddlers especially will often use biting as a form of communication. Little Builders will strive to minimize biting incidents, however, it is likely your child will be bitten at some point. If this should occur, we will comfort your child and care for his/her needs immediately. We will also inform the parents of "the biter" and work with them, and their child, to assure a change in behavior.

The 1993 United States Public Health Service Surgeon General's Report to the American Public on HIV infections and AIDS printed by the Centers for Disease Control states that there are not reported cases of HIV transmission from saliva, human bites, or attending school with HIV-infected persons. If your child is bitten, you may want to contact your doctor to determine whether the nature of the bite requires medical attention. _____.

If Your Child Bites Another Child

Biting is very serious and is unacceptable. If your child bites another child at the center, Little Builders will work closely with you to develop a plan to correct the behavioral issue as to make sure another incident does not occur. However, if the biting is aggressive, does not cease, breaks the skin, or diverts an inordinate amount of staff time away from the other children, Little Builders may have to temporarily remove your child from the facility until the biting concludes. _____.

Confidentially

Little Builders respects the right of each family to privacy and confidentiality regarding all health, behavioral and developmental records and information concerning their child. These rights to privacy and confidentiality are protected by various federal and state statutes, local ordinances and regulatory rules. If your child is involved in an altercation, Little Builders will not reveal your child's identity to the parents of the other child without prior written consent, except where required by law. _____.

Interviewing Children/Inspecting Records

The Department of Social Services or Licensing Agency shall have the authority to interview children or staff and inspect/audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child(ren), or staff member, and for the examination records relating to the operation of the facility. The department or licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional physically exam. _____.

By signing below, you have read and understand the Policies set forth by Little Builders Learning Center.

Parent Signature

Date

Director Signature

Date