

Little Lambs Preschool and Daycare Enrollment Form

Child's Name: _____ Birth Date: _____

Date of Admission: _____ Today's Date: _____

Hours of pick-up and drop-off of your child: _____

Home Address: _____

Parent/Guardian Name: _____

(This parent will be called first in the event of an emergency)

Address: _____

Home Phone: _____ Cell Phone: _____

Employed at: _____ Work Phone: _____

Email: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employed at: _____ Work Phone: _____

Parent the Child Resides With: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Emergency Contacts: _____ Phone: _____

_____ Phone: _____

(Other than parent/guardian.)

Names of Persons authorized to take child from preschool:
(Name, Address, and Telephone Number)

1. _____

2. _____

3. _____

Recent picture of your child:

Please describe your child's: Height _____ Weight _____

Eye Color _____ Hair Color _____

Birthmarks or other distinguishing physical characteristics _____

Does your child wear: Glasses: ____ If so please describe them _____

Dental Braces _____ Prosthesis _____

Special Clothing/footwear _____

Does your child have allergies _____ If so, Please list: _____

Please list any special dietary requirements: _____

Please list any daily medications: _____

Please list any special family situations that will help us to know your child (ex. New baby, divorce, etc.)

Please list previous childcare/daycare/preschools: _____

How did you hear about our preschool? _____

Phone Number of previous childcare/daycare/preschool: _____

How does your child handle separation from parents? _____

Please list activities your child especially likes: _____

Please list activities your child dislikes (cats, storms, etc.): _____

Please list ways your child displays anger: _____

Please list ways your child displays fear: _____

List security items (blanket, stuffed animal, etc.): _____

Has your child ever had a negative experience in a childcare setting? _____

If so, please explain: _____

Toilet Trained: Yes: _____ No: _____

(Your child must be toilet trained to enter our preschool)

Does your child nap at home? _____ How long? _____

Does your child sleep all night? _____

Please list anything else you think we should know about your child:

Other children at home: _____

Is there anything that you would like us to know about your child that would help make his/her transition easier?

Church your family attends: _____

Permission Agreements

_____ I give permission to authorize emergency medical care and associated transportation.

_____ I give permission for my child to use all of the play equipment and participate in all the activities of the child care center.

_____ I give permission for my child to participate in field trips and excursions, under proper supervision.

_____ I give permission for my child to take walks with the preschool and daycare staff.

_____ I give permission for my child to be included in picture taking that is not used on the internet.

_____ I give permission for my child to be included in picture taking and video filming that may or may not be used on our web site.

_____ I give permission for the staff to administer the sunscreen and bug spray I have provided.

Should there be a change in this permission agreement, I will notify LLPS and Daycare and I will notify the preschool and daycare staff. LLPS and Daycare will make the changes in the file.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

* Please make sure to provide the Director with any updated copies of your child's immunization records. Fax: 802 879-5272

Thank you for taking the time to fill out this information. We are very excited about working with your family. If at any time questions or concerns come up, please feel free to contact us right away!

Thank you!

Tarah Mauzy

Director/Teacher – Little Lambs Preschool and Daycare (802) 879-9008

CONTRACT AND STATEMENT OF UNDERSTANDING

Please be sure you have read and understand all pages of the handbook. It is important to us that we answer any questions you may have regarding our facilities, staff, and policies. As stated before, please feel free to discuss with the director any concerns or questions you may have.

Each child that enters Little Lambs Preschool and Daycare has an automatic 30-day probationary period. The director, administrator, and pastor reserves the right to terminate this contract with 24 hours notice, should it be determined that commitments and responsibilities are not being met by the parents or guardians or if the Director deems termination is in the best interest of Little Lambs Preschool.

- This contract is made between the parents/guardian and Little Lambs Preschool and Daycare for the care of _____.
- The payment fee shall be \$ _____ bi-monthly payments.
- Payment plans have been discussed with the business administrator and agreed that payments are due on the 1st & 15th of each month.
- Care shall be provided from _____ AM to _____ PM on days (please circle) Monday Tuesday Wednesday Thursday Friday
- Admission Date: _____
- Registration Fee Paid check # _____ Date: _____

Signed contracts are in full force until the conclusion of a two-week notice given by parent/guardian. A two-week notice is mandatory and payment of those two weeks is also mandatory whether the child attends or not.

I have read this handbook and understand the information and obligations contained herein. I accept the stated responsibilities, financial and/or otherwise for the duration of this contract. Little Lambs Preschool and Daycare may terminate the contract without giving notice if the parent/guardian does not make payments when due.

By signing this contract, the parent(s)/guardian(s) agree to abide by the written policies of Little Lambs Preschool and Daycare. Little Lambs Preschool and Daycare may amend the policies giving the parent(s)/guardian(s) a copy of the new or changed policies at least 2 weeks before they go into effect. This contract is renewed annually on September 1st.

Little Lambs Preschool Director: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

LITTLE LAMBS PRESCHOOL AND DAYCARE

Services Contract

Child's Name: _____ Start Date: _____

Enrollment: (circle days needed)

Monday Tuesday Wednesday Thursday Friday

My child will be here: _____ full days _____ half days

A deposit in the amount of \$50.00 is required prior to enrollment. Full payment is expected weekly unless other arrangements have been made with the Church Administrator (Mrs. Rhonda Gotcher 802-878-8118). Full payment is required regardless of snow days, absenteeism, illness, holidays, or in-service days. Parents agree to pay any rate changes that may occur without issuing a new contract. If the amount were to increase, Little Lambs Preschool and Daycare will give a minimum of two weeks' notice. A two weeks' notice is required should you decide to leave the preschool for any reason. Little Lambs Preschool and Daycare will pursue any balances left outstanding regardless of whether or not you utilized our services for those two weeks. I have read this contract and the parent handbook completely. I understand that any and all questions will be answered satisfactorily before signing this contract. I agree to abide by the policies listed above and in the parent handbook.

Parent A Date: _____

Parent B Date: _____

Little Lambs Preschool and Daycare Director Date: _____

CHILD CARE GENERAL HEALTH EXAMINATION FORM

***Note:** This form can be used for child care programs as required documentation of a child's general health examine. Other physical forms used by the health provider's office documenting the child's age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in child care are also acceptable.*

Child's Name: _____

Date of Birth: _____ Date of Last Exam: _____

___ This child has no health conditions or medications that impact enrollment in child care.

___ This child has a condition or medication that should be known by the child care provider:

Health Care Provider Name: _____

Phone Number: _____

Health Care Provider Signature: _____

Date: _____