Start Date:

Child Record

Child's Name:	Preferred Name:	Sex: M F	Date of Birth:
Current Physical Address:	City, State, Zip:	Enrolling Date:	

Enrolling Parent/Guardian: _____ Occupation: _____

Home Address: _____ Cell#: _____

Work Address: _____ Work# _____

Email Address: _____

Parent/Guardian: _____ Occupation: _____

Home Address: _____ Cell#: _____

Work Address: _____ Work# _____

Email Address: _____

List additional persons who may be called in the event of an emergency, and who are authorized to remove the child from the facility. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name:	**Address:**	**Phone Number:**	**Relationship:**

_____ _____

Signature of enrolling Parent/Guardian **Date**

Billing and Payment Policy

I understand what my current daily tuition rate is and will pay my bill as follows (please check one):

- ☐ At the beginning of every month
- ☐ At the beginning of every week
- ☐ At the beginning of every 2 weeks

If any changes need to be made to my payment schedule, I understand that it is my responsibility to contact The Learning Village as soon as possible to make those arrangements. In addition, I understand that if changes are made to my daily rate by The Learning Village, I will be notified via a written memo with a one month's notice.

____ Initials

I understand that there will be a one-time enrollment fee of $100 due upon enrollment, in addition to an annual supply fee of $100 that will be included in tuition payment for September.

____ Initials

I have read and understand the holiday schedule and disaster plan. I acknowledge that all scheduled closure days and closures related to our disaster plan policy (i.e. snow days, emergencies etc.) are still considered billable days.

____ Initials

I understand that the holiday schedule will be posted yearly in the front lobby area, as well as on the school's website and that I am responsible for reviewing it each year for upcoming closures.

____ Initials

I understand that tuition reserves my child's spot in the program, not the days attended. Therefore, I am responsible for full payment regardless of my child's attendance.

____ Initials

I understand that if I no longer require childcare services with The Learning Village, I am required to provide a two-week written notice.

____ Initials

I understand that I am responsible for making timely tuition payments. Failure to make payments as agreed may result in the loss of my child's enrolled spot.

____ Initials

_____ _____

Signature of enrolling Parent/Guardian **Date**

Consent for Medical Treatment

Parent/Guardian agrees the provider may consult with the child's nurse or attending physician in regard to child's health as needed. In the event that we should have questions regarding the health of the enrolling child we may contact one, or more, of the following sources, for information.

- ✓ Hospital of choice and phone number _____
- ✓ Local Health Entity

Dr. Name:	Address:	Telephone:

In an emergency, I, _____ (Parent/Guardian), give my authorization to, The Learning Village and any local physician, dentist or hospital to provide medical care and/or transport my child at my expense.

Medical Plan:	Policy #:	Telephone:

Does your child require additional accommodations? Explain: _____

_____

Are the problems serious enough to restrict our child's activities? Explain: _____

_____

Describe, if any, special care required: _____

Does your child have frequent colds? Yes_____ No_____

List any allergies/food restrictions staff should be aware of: _____

_____

Is your child currently taking prescribed medication? Yes _____ No_____

Name of the medication/Reason for medication: _____

_____

_____ _____

Signature of enrolling Parent/Guardian **Date**

Medications

I understand that The Learning Village will not administer any over-the-counter medications of any kind (i.e. fever reducers, cough suppressants, or any medications that can mask signs of illness).

____ Initials

If a doctor diagnoses my child with an infection and places the child on an antibiotic, the child must remain away until he/she has been on the medication for a minimum of 24 hours. I understand that in order for the Learning Village to administer prescription medications I must provide the following:

-Written Medication Administration Form from the prescribing doctor.

-Medication in the original container, clearly labeled with the child's name, dosage, date of purchase/prescription, and instruction for storage and administration of the drug.

-Please put the medication in a plastic bag with your child's name labeled on it and hand it straight to your child's teacher. Do not leave it in their lunch box or backpack or cubby.

* First dose of ANY medication MUST be administered by the parent/guardian. *

____ Initials

_____ _____

Signature of enrolling Parent/Guardian **Date**

Topical Applications

I, _____ (parent's name), give The Learning Village permission to apply sunscreen, insect repellant, lip balm, lotion, diaper cream, and hand sanitizer to _____ (child's name).

If I have not provided the above topical application products, I give the Learning Village permission to apply center provided topical items such as sunscreen, insect repellant, lip balm, lotion, diaper cream and hand sanitizer when necessary.

_____ _____

Signature of enrolling Parent/Guardian **Date**

****

Permission to Release Information

I understand that the time my child, _____, is in the facility that the director may be asked for information regarding my child.

- ☐ I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.
- ☐ I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that Child Care Licensing has access to my child's record as the licensing agent and may view the record upon Child Care Licensing facility inspection.

_____ _____

Signature of enrolling Parent/Guardian **Date**

Transportation Form/ Field Trip Permit

- ☐ I understand my child may take part in field trips and excursions, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility and its employees, nor any participating adult liable.

- ☐ I do not wish my child to take part in the aforementioned field trips or educational excursions.

The Learning Village may transport my child, _____, in the event of an emergency evacuation or disaster preparedness drill of the facility.

_____ _____

Signature of enrolling Parent/Guardian **Date**

****

Parent/Guardian Notification of NRS.178:

I, _____, (Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

_____ _____

Signature of enrolling Parent/Guardian **Date**

Permission to Photograph

I give The Learning Village permission to photograph my child, _____, for center use only and may be used on the center's website at thelearningvillage.net and/or for advertising purposes.

- ☐ Yes
- ☐ No

_____ _____

Signature of enrolling Parent/Guardian **Date**

****

Disaster Plan

I have reviewed a copy of the Disaster Plan online at thelearningvillage.net or received a hard copy per my request. I understand as the document is updated, I will have the opportunity to review and understand the disaster plan procedures set in place by The Learning Village.

_____ _____

Signature of enrolling Parent/Guardian **Date**

****

Policies and Procedures

I have reviewed a copy of the policies and procedures online at thelearningvillage.net or received a hard copy per my request. I understand that The Learning Village reserves the right to revise the Policies and Procedures as needed. You will be notified in writing of any changes that occur.

_____ _____

Signature of enrolling Parent/Guardian **Date**

Health Statement

Document must be signed by a Medical Doctor or Registered Nurse

Child's Name: _____ Birth Date: _____

Parent's Name: _____

Parent's Address: _____

Status of the above Child's Health: _____

_____

Any known conditions under treatment: _____

_____

_____

Is child capable of adjusting to programs of the learning facility? Yes/No- Reason: _____

_____

_____

Signed _____ Date _____

(M.D. or R.N.)