



ENROLLMENT APPLICATION

LITTLE LIGHT LEARNING CENTER

ENROLLMENT APPLICATION

Brightwheel

Little Light uses an app called Brightwheel. After this application is turned in, expect to receive an email asking you to enroll in the program. This app is used to sign children in/out, as well as logging all their daily activities!

Code Black

If the electricity goes out during the day, we have emergency lighting for 90 minutes. To facilitate quicker response times, you will receive a text message that simply states: Little Light, code black. This means that our electricity is out, and you have approximately 90 minutes to find someone to pick up your child.

Daycare Programs

Little Light offers quality childcare for children ages 6 week to 2 years old. We have several classrooms for our infants and toddlers. Our caring and professional staff ministers to the children in a variety of different ways.

Infants in our nursery program will experience tender loving care in a small group setting as we strive to give your child the individual attention and interaction they deserve in addition to providing for their basic needs.

Our Toddler staff will introduce children to basic Bible concepts, colors, and shapes. The children will also participate in activities to strengthen their gross and fine motor skills and increase vocabulary. It will allow the children to begin interacting with other children in a small group setting and will strengthen their social skills.

PRESCHOOL

We offer an academic preschool program for children ages 2 – 5 years old. This program provides a perfect opportunity for families to allow their children to gain valuable preschool experiences and instruction. The children will receive instruction in reading, writing, numbers, phonics, language development, Bible, and character development.

SCHOOL AGE

We offer before/after school care, as well as full day care when school is not in session. The school bus for Bedford Primary and Elementary School picks up and drops off here.

WHAT YOU NEED TO BRING

Parents provide all meals and snacks. We do not heat lunches. You will also need to provide a blanket for nap time. Limited cots are available, but if there are not any available you will need to purchase one.

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Child's Full Name: _____
Nickname: _____ Birth Date: ____/____/____ Sex: M F
Address: _____
City: _____ Zip: _____ Phone: _____
Desired Date to Begin Attendance: ____/____/____

PARENT/GUARDIAN INFORMATION

Note: The first parent listed below will be held financially responsible for the child's account.

1. Name: _____/_____/_____
(first) (middle) (last)
Relationship: _____ Email address: _____
Cell phone: _____ Work Phone: _____
Address (If different from child's): _____
City: _____ State: _____ Zip: _____
Social Security Number: _____

Physical Description: _____
Employer: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____

Is this individual authorized to remove the child referred to in this application from the Little Light Early Education Center premises? Yes _____ No _____

SECOND PARENT

2. Name: _____/_____/_____
(first) (middle) (last)
Relationship: _____ Email address: _____
Cell phone: _____ Work Phone: _____
Address (If different from child's): _____
City: _____ State: _____ Zip: _____
Social Security Number: _____

Physical Description: _____
Employer: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____

Is this individual authorized to remove the child referred to in this application from the Little Light Early Education Center premises? Yes _____ No _____

My child is also concurrently enrolled at _____, grade _____.

CHILD'S NAME: _____

PREVIOUS PRESCHOOL/CHILDCARE EXPERIENCE

1. Center Name & Location: _____
Dates: From: _____ to: _____
Reason for Leaving: _____
Did you leave with an outstanding balance? _____
2. Center Name & Location: _____
Dates: From: _____ to: _____
Reason for Leaving: _____

GOALS: Please share 3 main goals your child/family would like to achieve through Little Light Learning Center.

1. _____
2. _____
3. _____

Please share any comments you have concerning your child in the area below (i.e., learning style, particular needs, family situation, etc.). You may use the back of the page, if necessary.

How did you hear about Little Light? _____

HEALTH INFORMATION

1. Is your child allergic to anything (food, medication, or any other substance)? Yes No
If yes, please list things that can cause allergic reactions and action to be taken in an emergency situation: _____

(An allergy plan form filled out by your doctor is required)

2. Is your child currently under a doctor's care? Yes No
If yes, please explain: _____

3. Is your child currently, or at any time in the past 2 years, taking prescription medications for an on-going condition? Yes No
If yes, please explain: _____

4. Has your child had?
____ Chicken Pox ____ Asthma ____ Tubes in Ears
____ Convulsions ____ Surgery (for _____)
____ Illnesses ____ Other _____

Does your child wear glasses, or have any visual or auditory conditions? Yes No
If yes, please explain: _____

Is there any chronic physical problem, pertinent developmental information, or special accommodations needed? _____

NOTE: WE MUST HAVE DOCUMENTATION OF YOUR CHILD'S IMMUNIZATION RECORDS ON FORM MCH213B, PART III, SIGNED BY A PHYSICAL OR HEALTH DEPARTMENT REPRESENTATIVE BEFORE THEIR START DATE.

LITTLE LIGHT LEARNING CENTER

FEE AGREEMENT

My child _____ will be attending Little Light Learning Center beginning _____. I understand that I am responsible for paying \$_____ every Friday before closing. A \$5.00 late fee student per will be applied immediately if tuition is paid after this time.

Late Pick-up Charges: I know that I am responsible for picking up my child by 6:00 pm according to the center's kiosk. Late fees will apply according to your sign out time. This fee must be paid before the end of the next business day in order for your child to attend the following day.

Enrollment Fee/Deposit: This fee of \$75.00 is paid when your enrollment application is turned in and secures a spot for your child in our program. This fee is non-refundable. **A registration fee of \$65 is collected annually thereafter in August (\$100 for a family).** (**IF THE ENROLLMENT FEE IS PAID BETWEEN JANUARY 1ST-AUGUST 1ST, THE FIRST YEARLY REGISTRATION FEE WILL BE THE FOLLOWING YEAR.)

Absences: Discounts are not given for illness or "stay at home" days.

Tuition: The following weekly rates apply as of August 1, 2018.

Infants & Toddlers: 6 weeks – 2 years old:

\$160.00

Preschool: 2 – 5 years old:

\$125.00

School Age: Kindergarten - 12 years old

\$50 before/after school

\$95 summer program

DISCOUNTS: FAMILY DISCOUNT - \$10 OFF OLDEST CHILD. BOTH CHILDREN MUST BE ENROLLED 5 FT (OR 5 PT IF SCHOOL AGE) AND ACCOUNT MUST BE KEPT CURRENT.

We do not offer partial tuition rates for absences. We require 2 weeks notice to withdraw your child. You are responsible to pay for those 2 weeks whether they attend or not.

Holidays: The center will be closed certain holidays without a reduction in tuition. These holidays are: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving, Day after Thanksgiving, Christmas Eve and Christmas Day.

Inclement Weather: There may be times when we must open late or close early because of no electricity. We do not offer a discount if we delay opening or close early. I have read and understand the above policies for Little Light Learning Center and agree to comply.

Date: ____/____/____ Signature of Parent/Guardian: _____

Child's Name: _____

LITTLE LIGHT LEARNING CENTER

ENROLLMENT AGREEMENT

Please read the following carefully.

I hereby agree to comply with the rules and regulations of the Little Light Learning Center in regards to fees, payment of fees, attendance, health, parking, clothing, and other items specified in the Parent's Handbook issued me by the center. I am aware of the scheduled center holiday closings and the payment required for those days. I am aware that 2 weeks notice will be provided to terminate care. I have received my Parent's Handbook, containing additional policies and procedures and have had the opportunity to ask any questions.

I hereby understand and acknowledge the fact that my non-compliance with the rules and regulations of the center may result in the dismissal of my child. Decisions such as this are made at the discretion of the Director.

Date: ____/____/____ Signature of Parent/Guardian: _____

PERMISSION FORM

I hereby grant permission for my child to use all of the play equipment, play in the designated play area and participate in all of the activities of the center.

I hereby grant permission for my child to leave the center premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle. I understand that separate release documents will be issued prior to any school-sponsored field trips, but that this release for applies to any time that my child is on the premises of Little Light Early Education Center, whether during school hours or for a special school-sponsored event. (Any field trip will be announced ahead of time and a special permission form will be sent for your approval and signature.)

I also grant permission for my child to be photographed by staff within the center. (Occasionally, we photograph children during daily activities and display them within the center.)

Date: ____/____/____ Signature of Parent/Guardian: _____

PARENTAL AGREEMENT

I understand and agree to abide by the following:

- I am authorizing emergency medical care should an emergency occur when a parent cannot be located immediately.
- The center will notify the parent when the child is ill and I agree to arrange to have the child picked up as soon as possible and to notify the school of the arrangements.
- The parent will inform the center with 24 hours or the next business day after the child or a member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Date: ____/____/____ Signature of Parent/Guardian: _____

Child's Name: _____

**LITTLE LIGHT LEARNING CENTER
EMERGENCY PROCEDURE POLICY & RELEASE FORM**

I understand that no emergency treatment will be given to my child without parental consent except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I, my spouse, or a responsible adult designated by me may be reached daily.

In case of an emergency while my child is attending Little Light Learning Center, I understand that the following procedure will be followed:

1. LLLC will make initial attempt to contact parent(s):

Mother (full name): _____
can be reached at _____ (cell phone) or _____.

Father (full name): _____
can be reached at _____ (cell phone) or _____.

2. If neither parent is available, the center will contact the following persons:

Name: _____
Relationship to child: _____
Address: _____
City: _____ Zip: _____
Cell Phone: _____ Work Phone: _____
Is this person authorized to pick up your child? Yes No

Name: _____
Relationship to child: _____
Address: _____
City: _____ Zip: _____
Cell Phone: _____ Work Phone: _____
Is this person authorized to pick up your child? Yes No

3. In emergency situations, the center will call 9-1-1 and arrange for emergency transportation to a nearby medical facility. At no time will a staff member drive my child to a medical facility.

4. The Center will also attempt to contact my child's physician, if deemed necessary, as directed below:

Physician's name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

I hereby authorize the center to follow the above procedure.

Parent Signature: _____ Date: ____/____/____

AUTHORIZED "PICK-UP" POLICY

We realize that there are instances when someone other than the child's parent/guardian will need to pick up your child from the center. To ensure your child's safety, please provide the following information for those persons whom you authorize to pick up the enrolled child from Little Light Early Education Center. If they are listed on the emergency contact list you do not need to list them again.

1. Full Name: _____
Relationship to child (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Physical Description: _____

2. Full Name: _____
Relationship to child (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Physical Description: _____

3. Full Name: _____
Relationship to child (if applicable): _____
Address: _____
City: _____ State: _____ Zip: _____
Physical Description: _____

Anyone we do not recognize will be asked to provide picture identification and checked against the signed authorized form.

Parent Signature: _____ Date: ____/____/____

FOR OUR RECORDS:

We need to have your **child's immunization form** by the following date for your child to continue to attend. ____/____/____

The Commonwealth of Virginia mandates that all childcare facilities receive **proof of identity** and age before the first date to attend. Furthermore, it is required that all facilities notify the local police department if this information is not received. We must see a birth certificate or other approved document for your child to attend. Form Used: _____

Enrollment completed!

Congratulations! Your child has been enrolled at Little Light Learning Center!

Day to Begin Attending ____/____/____ Last date of attendance ____/____/____

Drop off Time: _____ Pick up time: _____

Security Code: _____ (determined by Brightwheel)

Last date of Attendance: _____