



Little Kids Club Enrollment

All information is required. If you have questions or need assistance,
please contact Jennifer Ness, Program Director: 218-639-7105.

Child's Name

____/____/____ ____/____/____
Date of Birth First Date of Attendance

Circle one: Male / Female Circle one: Full Time / Part Time

Parent 1

Parent Name

Relationship to Child

Address

Home Phone#

City State Zip

Cell Phone#

Employer

Work Phone#

Department

Work Hours/Day

Email address: _____

Parent 2

Parent Name

Relationship to Child

Address

Home Phone#

City State Zip

Cell Phone#

Employer

Work Phone#

Department

Work Hours/Day

Email address: _____

Emergency Contacts *if parent(s) cannot be reached. Must list two.*

_____			_____
Name			Relationship to Child
_____			_____-_____-_____
Address			Primary Phone#
_____			_____-_____-_____
City	State	Zip	Secondary Phone#
_____			_____
Name			Relationship to Child
_____			_____-_____-_____
Address			Primary Phone#
_____			_____-_____-_____
City	State	Zip	Secondary Phone#

Health Care Providers

_____		_____-_____-_____
Medical Provider		Phone#
_____		_____-_____-_____
Dental Provider		Phone#

Employer

Work Phone#

Person(s) who are authorized to pick up child if parents/guardians are unavailable:

Name

Relationship to Child

Address

Home Phone#

City

State

Zip

Cell Phone#

Employer

Work Phone#

Name

Relationship to Child

Address

Home Phone#

City

State

Zip

Cell Phone#

Employer

Work Phone#

Custody Restraints/Person(s) who may NOT pick up child:

Name

Relationship to Child

Name

Relationship to Child

Parent Signature

Date

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About Your Child

To help us better care for your child, please complete the following.

Child's Name: _____

1. Tell us a little bit about your child, such as likes, dislikes, temperament, favorites, etc.
2. Please list some of your child's favorite foods.
3. Please list foods your child dislikes.
4. Describe your child's napping habits (e.g. blanket, bear, thumb, etc.) and patterns (e.g. length of nap, cries self to sleep, likes back rubbed, etc.).
5. Are there any routines or habits we should be aware of (e.g. bites nails, pacifier, etc.)?
6. Are there issues outside of the center that staff should be made aware of (e.g. divorce, separation, death, etc.)?
7. Anything additional you'd like us to know about?

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Little Kids Club Parent/Provider Contract

Child's Name: _____

Weekly Fee *Please circle one*

	<u>Toddler (16 mo. until 3 yrs.)</u>	<u>Preschool (3 - 5 yrs.)</u>
Full Time (weekly)	\$200.00	\$190.00

Schedule

Monday _____ a.m./p.m. to _____ a.m./p.m.
Tuesday _____ a.m./p.m. to _____ a.m./p.m.
Wednesday _____ a.m./p.m. to _____ a.m./p.m.
Thursday _____ a.m./p.m. to _____ a.m./p.m.
Friday _____ a.m./p.m. to _____ a.m./p.m.

Average Weekly Hours: _____

Please indicate any special circumstances (e.g.: every other week schedule):

Full time attendees are given priority over part time. All rates are based on a 9-hour day. Attendance over 9 hours in a day will be charged \$3.50 per hour additional. All payments are due on Friday of each week, regardless of attendance and/or closures. Failure to pay by the deadline will result in a \$20.00 late fee.

Note: Children enrolled in LKC who are also planning to attend WDC Preschool must be enrolled in the A.M. Preschool program only.

Based on the information above, I understand that my weekly fee is equal to \$_____. I understand that this fee is due by Friday of each week, regardless of attendance and/or closures. I understand that a late fee of \$20.00 will be added if payment is not received.

Signed: _____ Date: _____

Little Kids Club Parent Release Agreement

****Please read, initial and sign below:**

____ I have received a copy of the fee schedule and have determined the number of days and fees associated with my child's schedule. I understand that if my child does not attend when he/she is scheduled, it is my responsibility to pay for that day.

____ I agree to pay the last day of the week of my child's attendance each week.

____ I am aware that I will be charged a late fee of \$20.00 for payments not received each week.

____ I have received a copy of the LKC handbook. I understand that it is my responsibility to read through it prior to my child's enrollment.

____ I authorize LKC staff to initiate emergency medical and dental care (i.e.: CPR/First Aid) and to call Emergency Personnel (911) if a need arises.

____ I authorize LKC staff to contact Poison Control if a need arises, and to follow any guidelines they recommend for my child.

____ I authorize LKC staff to apply sunscreen (which I will provide) to my child as needed.

____ I authorized LKC staff to apply insect repellent (which I will provide) to my child as needed.

____ I authorize LKC staff to apply diaper rash ointment (which I will provide) to my child as needed.

Parent Signature

Date

Provider Signature

Date