Little Stars Learning Center

516 Lafayaette Rd
Clarksville, TN 37042
(931) 302-2451

Dear Parent(s)/Guardian:

Attached is the application packet for the learning center and/or home schooling. Please consider the position you have requested as you review the details of this program. Please fill out the enclosed application in its entirety!

Mission

Our mission at the Learning Center is to provide a warm, friendly, safe nurturing environment that encourages the development of the whole child. We will provide an environment that will create a healthy self-concept and a positive self-esteem.

The medical forms included in the packet are a prerequisite for acceptance into the program. Al forms must be completed and returned before your child is accepted into the program. Incomplete applications will be put in a "hold" status until all paperwork is received.

Application Fee: $50.00 per child with discount for siblings.

Please note the following:

- Hours of operation are Monday-Sun 6:00 AM – 7:00 PM
- Each child MUST have a daily change of clothes, swimsuit, towel, and sunscreen
- Diapers and wipes (if applicable)
- Parents have one week to pick up Children's BELONGINGS,
- PARENTS, please label your child belongings

For any further questions and/or concerns, please contact

Aiesha Willis.
931 302-2451

Childcare Contract & Application Packet

"Kids Are Special People!"

This contract is entered into by and between **Little Stars Learning Center** (provider) and _____(parents/guardians) for the provision of childcare for _____ (child).

Registration

The following forms must be completed and received by the provider before care begins:

- Signed Childcare Contract with registration fee
- Emergency Medical Form
- Photo Release
- Field Trip Permission Form
- Discipline Policy
- Copy of Immunization Records
- Copy of child's birth certificate

The information on these forms must be kept current. If there are any changes, the parent(s)/guardian(s) do hereby agree that they shall notify the provider immediately.

A registration fee, equal to one week's tuition, will also need to be received by the provider to ensure a position at Little Stars Learning Center.

Date Registration Fee received _____

_____ _____

Parent/Guardian Signature Date

Retain a copy for your records

Family Childcare Registration

Parent/Guardian 1 Information

Name: _____ Phone: _____

Relation to child(ren): _____

Address: _____

City: _____, State _____ Zip code _____

Occupation: _____\Days at work (circle all that apply): M TU W TH F

Hours at work: From _____ to _____

Employer information

Employer: _____ Phone: _____

Address: _____

City: _____, State _____ Zip code _____

Retain a copy for your records

Parent/Guardian 2 Information

Name: _____ Phone: _____

Relation to child(ren): _____

Address: _____

City: _____, State _____ Zip code _____

Occupation: _____\Days at work (circle all that apply): M TU W TH F

Hours at work: From _____ to _____

Employer information

Employer: _____ Phone: _____

Address: _____

City: _____, State _____ Zip code _____

Hours of Care

Care for the child listed above will begin on _____.

Normal business hours are from 6:00 AM to 10:00 PM.

The child(ren) listed in this contract hours of care will be:

Day	Drop off	Pick up by
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please check one below:

_____ One or both parents'/guardians have read the Parent Handbook online.

_____One or both packs have read The Parent Handbook given to us by provider.

We/l agree to all the terms of the contract and agree to abide by all the regulations stated in The Parent Handbook.

Parent/Guardian 1

_____ _____ _____

Print name Signature Date

Parent/Guardian 2

_____ _____ _____

Print name Signature Date

Retain a copy for your records

Child's Application

Name:

Sex: [ ] M [ ] F

DOB:

Medical Information

Is child up to date on shots? Yes No

Date of last checkup:

Primary Care Physician

Name: _____ Phone: _____

Address: _____

City: _____, State _____ Zip _____

Does your child have any allergies? If yes, please list and include symptoms:

_____

_____

Is your child on any type of medications? Yes No

If yes, what is the medication and what is it for?

_____

_____

Person responsible for paying for childcare: _____

Admission Date:	Discharge Date:
_____	_____

Retain a copy for your records

Emergency contacts (must be 18+ years old):

Please list at least two adults that can make decisions regarding the child if the center is unable to reach parents/guardians.

Name: _____ Relation to child: _____

Phone number: _____ City: _____

Name: _____ Relation to child: _____

Phone number: _____ City: _____

Authorized for Pick Up (must be 18+ years old):

Please list at least two adults that are authorized to pick child up from the center below.

Name: _____ Relation to child: _____

Phone number: _____ City: _____

Name: _____ Relation to child: _____

Phone number: _____ City: _____

*** Photo ID required for adults picking up child(ren) ***

*** Any persons not listed above may NOT pick child up without parental/guardian consent in writing ***

Retain a copy for your records

Child Questionnaire

Background Information

Other children in the family	Date of Birth	School

Experiences with Others

What are some of the ways the child plays at home?

Does he/she play with children from other families? Please explain.

Does he/she react when he/she does not get his/her own way?

Is the entire family together any time during the day? Y N

If yes, when and for how long? _____

Eating Habits

At what time does the child eat:

Breakfast: _____

Lunch: _____

Dinner: _____

Between-meal Snacks: _____

Does the child feed himself/herself? Y N

Retain a copy for your records

What is the child's general attitude toward eating?

_____

_____

If the child refuses to eat, how is this handled and by whom?

_____

_____FFood Favorites:

_____

Food Dislikes: _____

Food Allergies: _____

If the child is an infant, use a separate sheet for information about the formula, bottle schedule, etc.

Sleep Habits

Does the child:

- Co-sleep? Y N
- Has own room? Y N
- Nap? Y N
  - If yes, what time and for how long? _____
- Shares room? Y N
  - If yes, with who and how old are they? _____

Average Hours of Sleep Per Night: _____

Attitude toward going to bed/nap? _____

If there is difficulty, how is this handled?

_____

_____

Are there any bedtime habits and/or routines? If so, please explain:

_____

_____

Is bed wetting an issue? If yes, how is the situation handled?

At nap time? Y N

_____

_____

At night? Y N

_____

_____

Toileting Habits

Are there specific times the child is taken to the bathroom? Y N

If yes, please list:

_____

_____

Can the child use the bathroom independently? Y N

Time of bowel movements: _____

Circle one: Regular Constipated

Does the child tell you when he/she needs to go? Y N

Does the child go willingly? Y N

Can the child manage his/her clothes at the toilet? Y N

What words does he/she use for:

- Urinating: _____
- Bowel movement: _____

Speech and Physical Growth

The child talks: Well Fairly Well Not Very Well Not at All

Does anyone read to the child: Y N If so, how often? _____

At what age did the child creep _____ Crawl _____ Walk _____

Which of the following words would you use to describe the child (check all that apply):

_____Active _____Quiet

_____Thin _____Average weight _____Heavy

_____Tall _____Average height _____Short

_____Friendly _____Unfriendly

Is there any other information you think we should have about the child?

_____

_____

Ongoing Medical Care

Does the child have any medical diagnosis that requires ongoing care? Y N

If yes, explain what type of care is administered at home and by whom?

_____

_____

Are you requesting that this care be provided at the facility? Y N

If yes, describe the care required:

_____

_____

A doctor's statement is necessary for any specified requests for care at the facility

Retain a copy for your records

Parent Declarations: I received a summary of the licensing requirements. I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents). I visited the facility prior to enrolling my child.

Pre-enrollment Visit Date: _____

I received a copy of the childcare facility's policy statement and/or handbook, payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content. I authorize the agency to transport my child as specified in the transportation plan section (see page 1).

_____ _____

Signature of parent/guardian Date

Date of Child's Withdrawal:

Reason for Withdrawal: _____

This form/information shall be maintained for one year after date of disenrollment.

Information on this form shall be updated annually, or as needed, to ensure the protection of the child.

Date of last update with parent's initials:

Retain a copy for your records

Payment Contract

Please read and Initial

1. A $50.00 registration fee per child. This fee is due annually. _____
2. A one-week deposit is due upon enrollment within our facility. _____
3. There will be a two-week trial period. During this time either the parent or provider can terminate without giving notice. _____
4. All parent fees must be paid every Friday, no later than 6 PM (Strictly Enforced). Early payments are encouraged. _____
    a. Any outstanding balances 1 week late, or more, will be turned over to a collection agency. Care may be denied until account balance is $0. _____
5. Your child must be picked on the agreed time or there will be a late fee of $1.00 for each minute after the scheduled pickup time. If parent is late picking up child for (3) consecutive days a 2.00 per minute charge will apply. Please understand this is a childcare facility, not a personal babysitting service. _____
6. All payments must be made on your scheduled payment day. (There will be a fee of $20.00 per day for each day thereafter. _____
7. Your weekly childcare fee will apply once enrolled whether your child attends every day or not. This means if your child attends just one day and is enrolled for (5) days, you will still be charged your weekly rate. If your child misses the entire week, you will be charged 50% of your rate to hold your spot. _____
8. The childcare facility will be closed a total of 2-3 weeks out of the year. (Notice of any closing will be posted in advance on front door, bulletin board, and sometimes by text or email). _____
9. It is the parents/guardians responsibility to pay all fees and/or remaining balances not covered by MID CUMBERLAND, if applicable. (I.E. co-pay). _____
10. PARENTS: A written two weeks' notice will be required when childcare services need to be changed or are no longer needed (termination). No matter the reason is for discontinuing, it must be in writing. Keep in mind if you remove your child from the center without the required (2) weeks' notice, the weekly rate per child will still apply for those 2 weeks. _____
    a. Any unpaid fees will be sent to collections. _____
11. If your child is sick, they must be on medication for 24 hours before returning. If we contact you to pick up your child due to illness, they must be picked up within an hour of the call. _____
12. THIS IS REQUIRED: Each child must have a daily change of clothes that remain at the center. Clothing must be in harmony with the seasonal changes. _____
    a. Parents are also required to send diapers and wipes that will stay at the center as well. _____
    b. A FEE (at my discretion) WILL BE CHARGED IF I FIND MYSELF SUPPLYING CLOTHES, WIPES AND DIAPERS FOR YOUR CHILDREN. _____
13. All bottles are required to be labeled with your child's name, a date and time. Infant's food is to be supplied by the parents'/guardians. _____
14. Overnight and weekend services start at $65.00 and up and must be paid when dropping off the child. _____
15. CELL PHONES ARE NOT allowed in classrooms until it is approved by the director /owners, and the teachers. _____
16. Daycare hours for Little Stars Daycare 6:30 am -7:30pm Little Stars Learning Center 5:30am-6:30am ($10.00 early drop off fee applies before 6:30 am). _____
17. For tax purposes W10's will be provided and issued to all parents Jan 25. You must sign IRS W-10 forms before they are released to the parents.
18. IF YOU OWE MONEY TO CHILD CARE FACILITY (I.E. late fees, (2) week notice fees etc.) _____
    a. YOU WILL NOT RECEIVE A W10 FROM US UNTIL THE FEES ARE PAID IN FULL. _____
19. We are NOT RESPONSIBLE for damaged or lost toys that your child/ children bring into our facilities. _____
20. If a child deliberately breaks or damage anything in our facility the parent will be held responsible for replacing the damaged items/materials. _____

Retain a copy for your records

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Retain a copy for your records

DISCLAIMER AND HOLD HARMLESS AGREEMENT

I understand what has been presented to me and agree to the terms and conditions stated herein, if there is any dispute or problems between myself and Little Star's childcare, I agree to settle without third party involvement and Agree to hold Little Star's childcare and staff harmless for any matter beyond their control. By signing I understand I am entering into a legal/lawful binding agreement under common law with the owner of the facility of Little Star's childcare. Any breach of this contract will result in all monies paid in advance to be forfeited.

Please question anything you do not understand.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Approval of Parent(s) or Guardian(s)

I hereby voluntarily waive any claim against Little Stars Daycare Inc. and its owners for any or all causes which may arise in connection with the participation of child named above. If the child named above becomes ill or injured while attending the childcare center, I grant permission for the Little Star's Childcare Inc. Program to seek medical assistance as necessary. I agree to pay all cost and fees contingent on any emergency medical my child as secured or authorized under this consent that is not covered by the provider's insurance.

Note: Every effort will be made to notify the parents IMMEDIATELY in case of an emergency.

Parent/Guardian Signature _____ Date _____

Child's Name:_____

Retain a copy for your records

CHILDREN'S HEALTH INFORMATION

CHILD'S HEALTH RECORD: (A copy of your child's immunizations will be needed)

General State of Health

Are your child's immunizations up to date? Y N

(Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications).

Does your child have any known allergies?

_____

_____

Are you concerned that your child may be prone to any type of allergies?

Please explain:

_____

_____Does your child have any medical conditions which I should be made aware of?

_____

_____

Has your child had the following common childhood illnesses?

_____ Chicken pox
_____ Measles
_____ Whooping cough
_____ German measles
_____ Mumps
_____ Other

Is your child prone to any of the illnesses listed below? Please share symptoms if it applies):

- Ear infections _____
- Headaches _____
- Stomach upsets _____
- Colds _____
- Sore Throats _____

Does your child have any speech, hearing or visual challenges? Y N

If yes, which one? _____

Has your child ever been tested for the above? Y N

If yes, which one? _____

Retain a copy for your records

Has your child ever had any surgeries, or do they have any prosthetic limbs? Y N

If yes, please describe:

_____

_____

Retain a copy for your records

Substances	Check if Child is allergic					Check if allergic	
	MAY be exposed	May NOT be exposed	IS allergic	Is NOT allergic	Not sure	Parent(s)	Other family member
Foods							
Peanuts							
Other nuts/seeds							
Citrus fruits							
Other fruits							
Cow's milk							
Yogurt							
Other dairy							
Corn							
Oats							
Wheat							
Other grains							
Yeast							
Egg yolks							
Egg whites							
Soy							
Fish							
Shell fish							
Environmental							
Dust							
Mold spores							
Cats							
Dogs							
Other animals							
Pollen							
Bee stings							
Medical							
Penicillin							
Latex							
Other (Please list)							

Retain a copy for your records

Retain a copy for your records

Child Abuse/Neglect & Mandated Reporting Protocol

As childcare providers, all staff are mandated reporters. It is our responsibility to report any, and all, suspected child abuse and/or neglect. We cannot turn our back on a child that has been abused. Therefore, if any staff notice unusual marks on the child, unusual behaviors displayed by the child, or from direct/indirect conversations with a child in our care that coincide with signs of abuse/neglect, it will be documented. We are obligated, by law, to report such incidents to the proper authorities (which can include but not limited to, the local police department and child protective services) IMMEDIATELY.

Please keep in mind this is done for the protection of the child(ren).

By signing this form, you are acknowledging full understanding and complete awareness of our Child Abuse/Neglect & Mandated Reporting Protocol.

Mother/Guardian Signature	Date
Father/Guardian Signature	Date
Agency Little Stars Daycare	Date

Retain a copy for your records

Family Childcare Registration

Parent/Guardian with legal custody: _____

Decree on file (circle one): Y N

Parents are: Married Divorced Separated Widowed Single

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of retainer, or both.

_____ _____ _____

Signature Relationship to child Date

_____ _____ _____

Signature Relationship to child Date

Retain a copy for your records

Emergency/Disaster Plan

Dear Parents/Guardians:

Should an emergency or disaster situation ever arise in our area we want you to be aware that the center has prepared to respond effectively to such situations.

Should we have a major incident your child(ren) will be cared for at our center. Little Stars has a detailed emergency operations plan that has been formulated to respond to major disasters and/or major emergencies.

Your cooperation is necessary in any incident.

1. Do not telephone the school. Telephone lines may be needed for emergency communication.
2. In the event of a serious emergency, children will be kept at on-site or off-site locations until they are picked up by a responsible adult who has is listed on the child's emergency card (which is required to be filled out by parents at the beginning of enrollment). Please be sure that you consider the following criteria when you authorize another person to pick up your child at school:
    1. He/she is 18 years of age or older
    2. He/she is usually home during the day.
    3. He/she could walk to school, if necessary.
    4. He/she is known to your child.
    5. 5. He/she is both aware of and able to assume this responsibility.
3. Impress upon your children the need for them to follow the directions of any school personnel in times of an emergency.

CHILDREN WILL BE RELEASED ONLY TO PARENTS AND PERSONS IDENTIFIED ON THE EMERGENCY CONTACT CARD. DURING AN EXTREME EMERGENCY, CHILDRREN WILL BE RELEASED AT DESIGNATED REUNION ON-SITE OR OFF-SITE LOCATIONS. PARENTS SHOULD BECOME FAMILIAR WITH THE CENTER EMERGENCY OPERATIONS PLAN AND BE PATIENT AND UNDERSTANDING WITH THE PARENT-STUDENT REUNIFICATION PROCESS.

After you have read the emergency preparedness plan and acknowledged all procedures, please sign below Stating that you have read and understand the terms and condition of the Emergency Plan.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Childcare Program Evaluator Date

Retain a copy for your records