



PLEASE BE SURE TO FILL
OUT EACH PAGE
COMPLETELY OR THE
ENROLLMENT OF YOUR
CHILD MAY BE HINDERED.



Child's Information :

IS MY CHILD READY FOR THE FIRST DAY OF DAYCARE?

ENROLLMENT CHECKLIST

- COMPLETE ENROLLMENT PACKET (NO EMPTY LINES)
- UPDATED SHOT RECORD
- UPDATED PHYSICAL AND TB ASSESSMENT (10 DAYS TO GET AFTER START DATE)
- MEAL FORM COMPLETED AND SIGNED
- 5 PAIR OF CHANGING CLOTHES FOR AND INFANT OR TODDLER AND 3 FOR PRESCHOOL AND KINDERGARTEN
- 2 SHEETS PER CHILD
- FEEDING FORM COMPLETE- INFANTS ONLY
- COPY OF INSURANCE CARD
- CLOSED TOE SHOES
- CALL FROM TITLE XX CASEWORKER
- FIRST WEEKS PAYMENT

PAYMENT AGREEMENT

ADMISSION REQUIREMENTS AND ENROLLMENT PROCEDURES:

CHILD NAME: _____ DATE OF ADMISSION: _____

CO PAYMENT: \$ _____ FULL TUITION: _____

CASE WORKER: _____ CASE WORKER

EXTENSION _____

ARRIVAL TIME: _____ PICK UP TIME: _____

PLEASE CIRCLE ONE: PART- TIME FULL-TIME DROP-IN BEFORE/AFTER CARE

PLEASE CIRCLE YOUR COVERAGE DAYS:

MON. TUES. WED. THURS. FRI.

ALLERGIES: _____

ALL MEALS(INCLUDING FORMULA/BABY FOOD) ARE PROVIDED BY LEARNING MINDS EDUCATION CENTER TWO CHANGES OF CLOTHING INCLUDING UNDERGARMENTS MUST BE BOUGHT IN.BEDDING SHOULD BE BROUGHT IN ON THE FIRST DAY OF CARE EACH WEEK AND TAKEN HOME AT THE END OF THE WEEK. BLANKETS,SHEETS, AND OR SLEEPING BAGS MUST BE SUPPLIED BY PARENT OR GUARDIAN>

MEAL TIMES ARE AS FOLLOWS:

BREAKFAST: 6:30AM-7:30AM LUNCH: 11:00AM-12:00PM DINNER:5:00PM-6:00PM

SICK CARE:

CHILDREN ARE NOT TO BE BROUGHT OR LEFT IN CARE WITH THE FOLLOWING SYMPTOMS: EXCESSIVE RUNNY NOSES EXCESSIVE COUGHING DIARRHEA SNEEZING TEMP 101+(OTHER ILLNESS/SYMPTOMS ARE LISTED IN PARENT HANDBOOK)

AS THIS IS CONTAGIOUS AND A SIGN OF INFECTION. YOUR CHILD MUST REMAIN OUT OF CARE A FULL 24 HOURS AND RETURN WITH A DOCTOR’S NOTE OF CLEARANCE. LEARNING MINDS EDUCATION CENTER DOES NOT HAVE THE ABILITY TO TAKE CARE OF SICK CHILDREN WITH OTHER CHILDREN WHO ARE NON-SYMPTOMATIC. PLEASE DO NOT BRING YOUR CHILD AS YOU WILL BE CALLED TO PICK THEM UP. CHILDREN ON MEDICATION MUST BEING INSTRUCTIONS FROM THE DOCTOR OR A FORM WILL BE PROVIDED TO THE PARENT TO LIST PERMISSION,DOSAGE, AND TIMES MEDICINE IS TO BE ADMINISTERED. IMMUNIZATION RECORDS AND THE DATE OF YOUR CHILD’S LAST PHYSICAL EXAMINATION MUST BE KEEP UP TO DATE. PARENT ARE REQUIRED TO REVIEW AND UPDATE THE RECORDS FOR ACCURACY AT LEAST ONCE IN A SIX-MONTH PERIOD. PLEASE NOTIFY US OF ANY HEALTH PROBLEMS OR CONCERNS REGARDING YOUR CHILD OR FAMILY.

SIGNATURE OF PARENT OR GUARDIAN:

DATE:



All Co-Payment's and Weekly Tuitions are due on Monday (or your child's first day of care) in full.

Full time: Minimum of 5 hours and a maximum of 10 hours.

Part time: Childcare that is given less than 5 hours.

Late Fee's

There is a ten-hour maximum that your child may be left in care. There is a 7 minute grace period. There is a \$10.00 charge per child picked up late and a \$1.00 per minute thereafter. Late prior to your next day of care there is no-re entry **NO EXCEPTIONS.**

All Emergency contacts are listed on Emergency CONSENT form. I agree to keep their names and numbers as well as my own updated as needed.

() I have received a copy of Learning Minds Education Center Handbook

SIGNATURE OF PARENT OR GUARDIAN

DATE:

SIGNATURE OF INTAKE PERSONNEL

DATE:

OFFICE USE ONLY

I certify that all contact information and payment information is the same. Please add any changes below

Change of address:

Phone Number:

Change in Fee Agreement

SIGNATURE X _____ DATE X _____

Learning Minds Education Center

To the parent (s)/Guardian of _____

This letter is to assure you of our concern for the safety and welfare of children attending LMEC. Depending on the circumstances of the emergency, we will use one of the following protective actions:

() **Immediate Evacuation**

Students are evacuated to a safe area of the grounds of the facility in the event of fire, etc.

() **In-Place Sheltering**

Sudden Occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

() **Evacuation**

Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a "Relocation Facility" at:

**DIERUFF HIGH SCHOOL
815 IRVING STREET
ALLENTOWN, PA 18109**

() **Modified Operations**

May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems that make it unsafe for students (Such as utility Disruptions) but may be necessary in a variety of situations.

Please listen to channel 69 NEWS for announcements relation any of the emergency actions listed above. We will call you to let you know that we've taken one of these protective actions. We will also call you when we've resolved the situation and it's safe for you to pick additional confusion and divert staff from their assigned emergency duties.

Parent/Guardian

DATE

Intake Staff

DATE

Learning Minds Education Center
Permission to Photograph

I give Learning Minds Education Center, permission to photograph my child/children for the following purposes:

- Still Photographs
- Displays in facilities scrapbook or bulletin boards show to current or prospective clients
- Display still photos on my daycare website
- Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.
- Display on Social Media Pages

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in the effect during the term of my child's enrollment.

Parent's Signature: _____ Date: _____

I am declining to have my child photographed.

Parent's
signature: _____ Date: _____

Learning Minds Education Center
IEP/IFSP

The status of your child's growth and development is based on developmental assessments. If your child currently has IEP/IFSP it would be beneficial if you would share a copy of this plan with us, so that we can work together to ensure the guidelines are practiced.

My child does not have and
IEP/IFSP: _____

Parent/Guardian Signature

My child has an IEP/IFSP that I choose not to provide at this time.

Parent/Guardian Signature

Our

Learning Minds Education Center

“Getting To Know You”

Child’s Name: _____

Name of Meeting Attendees: _____

MEETING DATES: ENROLLMENT DATE: _____

If “Getting to know you” Meeting was refused....

Date of refusal by parent: _____ Parent Initials: _____

Attached a list of the information that was shared with parents or guardians.

Family Composition Questions:

1. Who lives in the household with your child: (Please list names, relationship & Age)

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2. Does your child visit this parent? Yes _____ No _____ Are there any custody issues we should discuss? Yes _____ No _____

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3. Does your child respond to nicknames? _____

4. Is there any information about your family that you would like to share?

Child's Information :

5. Where: _____ When: _____

How long: _____ Reason for leaving: _____

6. Does your child have any imaginary friends? Yes _____ No _____

7. Are there any special problems or fears we should know about?

8. Does your child have any special needs/medical, development, social or mental health? Yes _____ No _____ Does any of these special needs require special care by our teachers?

9. Does your child have an IEP: Individualized Education Plan or IFSP individualized Family Service Plan? Yes _____ No _____

If some we would like a copy of the plan so that we can provide the best possible learning experience for your child.

What program or individuals work with your child in regards to these special needs? Would you sign a release of information with them so they can speak with us about how to provide enhanced support for your child?

10. Does your child have any allergies? If you answered yes, please list them below. _____

11. Does your child take any medication daily? If you answered yes, please provide the name, mg and reason for taking this medication. Do we need to administer this medication during center hours?

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12. Is your child potty trained? Yes _____ No _____

Would you like our assistance? Yes _____ No _____

13. Is there any information that will help us make the first few days in our program easier for your child?

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