



Child Care Licensing Number 6813

Enrollment Date: _____ Door Code: _____

Days Attending: _____ Hours Attending: _____

Start Date: _____ Classroom: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Parent Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Special Instructions for reaching parent/guardian _____

Parent Name: _____ HomePhone: _____

Address: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Special Instructions for reaching parent/guardian _____

Child lives with: _____

Below please list two people who will assume emergency responsibility if you cannot be reached:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Who is authorized to pick up your child

Name: _____ Relationship: _____

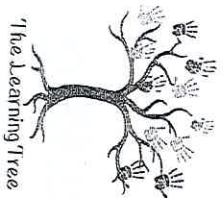
Name: _____ Relationship: _____

Medical Information

Please list any chronic conditions, allergies or medications that could be important in case of sudden illness or injury: _____

Doctor's Name: _____ Phone: _____

These forms must be completed yearly for all children who are enrolled in our program



Name: _____ D.O.B. _____

Siblings?: _____

Pets?: _____

Allergies?: _____

Food Restrictions?: _____

Favorite Foods?: _____

How do you discipline your child? _____

Does your child use a pacifier? _____
When? _____

What is their napping and sleeping schedule? _____

Is there a specific way you help your child go to sleep? _____

Favorite toys? _____

Favorite activities? _____

Any pronounced fears? _____

Let us know all about your child _____

Note to Parent/s or Guardians

Statement from the Bureau of Childcare Licensing

(1) The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at:

https://nhpublichealth.force.com/nhccis/NH_ChildCareSearch or by calling the unit at 603-271-9025; or 1-800-852-3345 ext. 9025”;

(2) “During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgment of the licensing staff the children’s response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. Please indicate whether licensing staff may speak with your child while they are with their class or group:

- a. I give permission for child care licensing staff to speak with my child while with their class or group;
- b. I do not give my permission for child care licensing staff to speak with my child while with their class or group.”; and

(3) “If licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- a. I give permission for child care licensing staff to interview my child at the child care program separate from their class or group;
- b. I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group;
- c. I do not give my permission for child care licensing staff

Please circle your choices to the above two questions

Parent Signature: _____

Date: _____

Infant Information

Infant's Name:

D.O.B.:

Sleep

My child prefers to sleep in a ___ crib ___ swing ___ bouncy seat.

I help my child go to sleep by:

Sleep Schedule: (variable)

	Goes Down	Wakes Up
Night Time		
Morning Nap		
Afternoon Nap		

Sleep Questions

Does your child use the cry it out method?	Yes	No
Does your child sleep with a blanket?	Yes	No
Does your child have a nap friend/ plush toy?	Yes	No
Does your child sleep with a pacifier?	Yes	No

Feedings

My child is fed	Breast Milk	Formula
Type of Bottle Used		
Type of Nipple Used		
Type of Formula Used		

My child drinks _____, every _____

My child does / does not eat table food.

Foods my child eats:

Diapering

My child has bowel movements pretty frequently:

My child's bowel movements are:

My child does/ does not get frequent diaper rashes

What do you use on your child's rashes?

Do you do anything special during diapering?

If yes, what? _____

Other

How do you help your child when they are upset?

Does your child receive any medication?

What is your child's favorite toy?

What is your child's favorite song?

Does your child like tummy time?

What else is important to know about your baby?

Parental Release Form

Emergencies

I hereby give permission for the staff at The Learning Tree to provide simple first aid treatment to my child when necessary. If a more serious injury were to occur, I give permission for them to take my child to a nearby hospital or other emergency facility for medical treatment. I also authorize ambulance/EMT/emergency personnel and other medical professionals to administer medical attention if necessary. I allow licensed health care practitioners to examine and provide emergency medical treatment to my child. I understand that I will be contacted by staff at The Learning Tree as soon as possible if any emergency medical treatment is needed.

Parent Signature: _____ Date: _____

Impromptu Walks

I give permission for my child to go on walks around the neighborhood.

Parent Signature: _____ Date: _____

Pictures

I give permission for my child to be photographed during activities and on field trips to be displayed around the center and on the private Facebook page. I allow school staff and professional photographers to take these photos. I will be asked before any picture is used for publicity purposes. I have the right to decline permission for these photos to be used for publicity purposes.

Parent Signature: _____ Date: _____

Daily Activities

I give permission for my child to use all indoor and outdoor equipment and participate in all activities.

Parent Signature: _____ Date: _____

Sunscreen

I give permission for The Learning Tree staff to apply sunscreen on my child.

Parent Signature: _____ Date: _____

Pools

I give permission for my child to play in water activities at The Learning Tree. I understand that the pools are less than 10 inches and are in a safe area.

Parent Signature: _____ Date: _____

Allergy

I give my permission for The Learning Tree staff to post my child's allergy in the classroom if applicable.

Parent Signature: _____ Date: _____

Parent Handbook

I have read the Parent handbook and understand The Learning Tree's policies and agree to abide by them.

Parent Signature: _____ Date: _____

Pandemic Handbook

I have read the Pandemic handbook and understand The Learning Tree's policies and agree to abide by them.

Parent Signature: _____ Date: _____

Parental Release Form

Summer Fun Fee

_____ I understand I am responsible for paying the Summer Fun Fee each year. The fee is for every aged child and is not prorated based on attendance. This fee will vary year to year and I will be notified in advance of the fee. This fee is paid via cash or Venmo

Parent Signature: _____ Date: _____

Illness Policy

_____ I have read and understand the illness policy as written in the parent handbook. I agree to abide by these policies

Parent Signature: _____ Date: _____

Attendance Policy

_____ I understand that I must commit to no longer than a 9.5 hour window that my child will attend the center. These hours must be adhered to. If I need to change my child's hours I will contact the main office.

Parent Signature: _____ Date: _____

Absences

_____ If my child is absent from the program, I understand that my account will not be credited for any missed time. Tuition will be due as normal.

Parent Signature: _____ Date: _____

The Learning Tree Early Education Center

2 Young Road
Londonderry, NH 03053
603-818-8864

Contract for Services

Welcome! We are that you have enrolled your child for care at The Learning Tree. The following contract is to be completed and signed by the parent/guardian before services begin. Please read over all the policies and fees before signing the contract. If you have any questions regarding fees, policies, or practices please feel free to discuss them with any member of The Learning Tree Management Team!

Today's Date: _____

Child's Name: _____

D.O.B. _____

Hours of Care Needed: Hours must be strictly followed. 24 hours notice is needed for additional time at the center. We cannot accommodate open to close hours. We ask that children do not attend the center more than 9.5 hours per day.

TIMES	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

Payment for Care Provided

Weekly Tuition Rate: _____
(Please submit payments by Monday at drop off for current week)

Late Pick Up:

The Learning Tree closes promptly at 5:30 p.m. Any family arriving after this time will be charged a late pick up fee of \$2.00 per minute for each minute at the center after 5:30 p.m. This fee is paid directly to the staff member who stayed late for your family. This payment is due at the time of pick up.

Holidays

The Learning Tree will be closed for the days listed below. Regular tuition fees are still due for holiday weeks.
-New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving and the day after, Christmas and the day after. The Learning Tree will also be closed for a staff development day in August! Depending on how the holiday falls a ½ or full day may precede/proceed it.

Vacations:

Learning Tree Families are allotted one week (their week 1-5 days) of vacation time each year they are at the center (after 90 days of care). Parent's will not be responsible for payment during this week.

Absences:

The Learning Tree does not provide sick care. Please make sure to reference the illness guidelines policies included in your parent packet or call the center with any questions. Tuition rates will not differ during weeks in which your

child may be absent due to illness or family emergencies. If your family experiences a catastrophic emergency or illness please see the office and we will make arrangements accordingly for tuition.

Learning Tree Property:

The Learning Tree provides a loving, safe and nurturing environment. It is expected that minor incidents can occur when center materials may be damaged. In the event that a child or family member intentionally destroys The Learning Tree property valued at over \$100.00, the family will be responsible for the replacement of that property.

Behavioral Concerns:

The Learning Tree believes that all children deserve to be cared for in a safe environment. Occasionally, we find that some children do not flourish in group care and may be asked to leave the program. Care may also be terminated in the event that a child becomes violent with other children, staff, or members of The Learning Tree family. The Learning Tree has a behavior guideline policy that they will use in these circumstances. You may request a copy of this policy from the office. In the event that care needs to be terminated The Learning Tree will allow 2 weeks to find alternative care with the exception of violent behavior where care will be terminated immediately.

Termination for non-payment:

The Learning Tree tuition is charged on a weekly basis. Tuition is due either Friday night or Monday at drop off for the upcoming week of care. Payments received after this time are subject to a \$10.00 per day late fee payable immediately. If your account is more than one week behind, The Learning Tree reserves the right to terminate care immediately until your account is brought up to date.

Payments/Bounced Check Fee:

The Learning Tree accepts cash, checks and credit cards for payments. You may also sign up for automatic payments. Forms are available in the office. Receipts can be given weekly, monthly, yearly or at tax time. The Learning Tree will provide a year-end tuition statement each January. If a check is returned for non-sufficient funds or for any other reason you will need to submit a new check and include a \$25.00 bounced check fee. After (2) returned checks we will require that payment be made in an alternative form.

Non-Solicitation Clause/Babysitting

The Learning Tree staff members MAY baby sit for any Learning Tree client during their employment. Please do not ask any staff member to nanny for you as they may be terminated for violating this policy. Any parent soliciting Learning Tree employees for their own personal employment will immediately forfeit their child's enrollment rights.

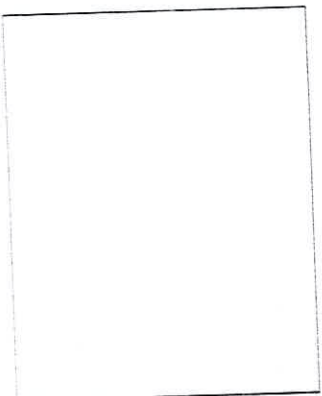
Handbook

I have received a copy of The Learning Tree's parent handbook. I have read and agree to follow the standards set within. I have read, agreed and understand the pandemic policies. The Learning Tree reserves the right to change policies as it becomes necessary. Families will receive an updated copy of the policies for their review. By signing this contract parents/guardians and the provider agree to abide by the written policies stated above as well as policies provided in the Parent Handbook.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____



CHILD REUNIFICATION - RELEASE FORM

Child's Full Name: _____ D.O.B. _____
Address: _____

Parent's Name: _____ D.O.B. _____
Daytime Phone: _____ Cell Phone: _____

Parent's Name: _____ D.O.B. _____
Daytime Phone: _____ Cell Phone: _____

If I/we are unable to pick up my/our child, I/we designate the following people to whom my/our child/children may be released to in case of emergency.

Name: _____ D.O.B. _____
Phone Number: _____

Name: _____ D.O.B. _____
Phone Number: _____

Allergies/Medical Conditions: _____
Reaction: _____ Medication: _____

Family/Guardian Signature _____ Date: _____

Please list a friend or family member who lives out of state that we can call with information in case local telephone service is interrupted
Name: _____ Phone: _____

FOR THE LEARNING TREE STAFF USE ONLY

Name of Person Child Released to:		Released by:	
Proof of ID Provided	Date:	Time	AM PM
Destination:			