



# Enrollment Registration Information Packet



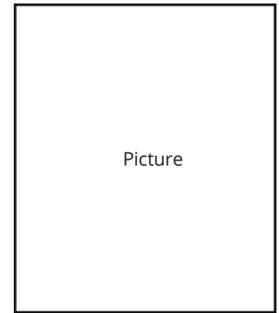
# ENROLLMENT REGISTRATION INFORMATION

Pages 1 and 2 must be updated every January and August.

Parent Updates _____ (Signature) (Date)
Parent Updates _____ (Signature) (Date)
Parent Updates _____ (Signature) (Date)

Date of Registration: \_\_\_\_\_

Date of Termination: \_\_\_\_\_



## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status:  Single  Married  Divorced  Widowed Primary Residence:  Mother  Father  Both  Guardian

List the family members your child lives with—include names and ages of siblings:

\_\_\_\_\_

Circle Days to Attend: MON TUES WED THU FRI Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Check Meals While in Care:  Breakfast  Lunch\*  P.M. Snack

## PRIMARY CONTACT AND RELEASE PERSONS

**Parent/Guardian #1:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License Number/State: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Parents provide lunch, see meal policy for information



# ENROLLMENT REGISTRATION INFORMATION

Name of Child: \_\_\_\_\_

## EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For your child's safety, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up.

### Mandatory:

Name #1: _____	Relationship to Child: _____
Primary Phone: _____	Secondary Phone: _____
Home Address: _____	Gov Issue Photo ID Type: _____
Employer: _____	Employer's Address: _____
Work Phone/Extension: _____	Work Hours: _____
<input type="checkbox"/> Emergency Contact and Release <input type="checkbox"/> Release Only	

### Person #2 (Optional):

Name: _____	Relationship to Child: _____
Primary Phone: _____	Secondary Phone: _____
Home Address: _____	Gov Issue Photo ID Type: _____
Employer: _____	Employer's Address: _____
Work Phone/Extension: _____	Work Hours: _____
<input type="checkbox"/> Emergency Contact and Release <input type="checkbox"/> Release Only	

### Person #3 (Optional):

Name #1: _____	Relationship to Child: _____
Primary Phone: _____	Secondary Phone: _____
Home Address: _____	Gov Issue Photo ID Type: _____
Employer: _____	Employer's Address: _____
Work Phone/Extension: _____	Work Hours: _____
<input type="checkbox"/> Emergency Contact and Release <input type="checkbox"/> Release Only	

If you want a person who is not identified above to pick up your child, you must notify school staff in writing in advance. Your child will not be released without prior authorization. If you call a pick-up authorization into the school because you cannot submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, entering the building and signing in and out your child is critical. We will not receive or release a child for someone waiting outside or in a vehicle in the parking lot. For safety and accuracy, please do not allow your child to push login/out or access codes on any pads/devices. These codes are for authorized parents/guardians only. If you must pick up your child after closing time, you will be charged \$1 per every minute beyond closing time. This \$1 per minute includes the time entered and exited from the building, not the time the child is clocked in/out. Please allow a few minutes each day for your child to gather his/her personal belongings at pickup. Please see a member of management for additional information.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_



# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please read each section listed below, then sign and date the last page.

### SECTION 1: TUITION & FEES

**Basic Services:** I understand that The Launchpad Schools provide education and childcare services for families with children 6 weeks to 12 years of age. Enrollment ages may vary by availability and location.

**Registration Fee:** I understand that the payment of a non-refundable registration fee of \$50.00 per child is required for all new applications, including students who leave and then return to the program.

**Tuition and Modification Conditions:** \$\_\_\_\_\_ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. Tuition increases usually occur every June and are based on the current inflation rate. We strive to be the lowest-priced Montessori Program in our area and very competitive in our tuition compared to other private schools and daycares. Additionally, we strive to pay our employees a very competitive wage so we can offer a high-quality program.

I have enrolled my child in the following program(s): \_\_\_\_\_

Days (Check all that apply):  M  T  W  TH  F From \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

**Payment of Tuition:** I understand that tuition is due and payable on the last business day of the month by 4:00 pm for the next month's services. I understand that tuition must be paid during school breaks, holidays, and vacations unless the school has notified me in writing that tuition will be waived.

**Late or Unpaid Tuition:** If payment in full is not received when due, I agree to pay a late payment fee of \$15. Services will not be provided until tuition and late fee is paid. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee that a child's spot will be held when a child is withdrawn due to non-payment of tuition.

**Charges and Procedures for late pick-up:** According to my contract, I am able to drop off my child as early as \_\_\_\_\_ a.m. and must be finished picking up my child no later than \_\_\_\_\_ p.m. (Any variation agreed upon is noted here: \_\_\_\_\_). I understand that if I enter the building with my child before the agreed time, or if I fail to pick up my child by the scheduled time, I will be charged a late fee of \$1 per minute.

**Additional Fees:** I have reviewed the fee schedule and am aware of additional fees that may be applied to my account.

### SECTION 2: DAILY PROCEDURES

**Check-in/out:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per month. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated area and staff member each day.

**Illness:** I understand that I will be notified should my child become ill during the day and that I will pick up my child promptly or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school, and I understand that my child will be re-admitted according to the re-admission criteria in the *Family Handbook*.

**Media Release:** The company, its agents, affiliates, and licensees  may  may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity or any other lawful purpose.

**Interviewing Children & Inspecting Records:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services have the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

**Withdrawal:** I understand that I must provide a thirty (30) day written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for thirty (30) days, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based on space availability and all other enrollment procedures. I understand that a new *Enrollment Agreement* at the current rate and a new non-refundable *Registration Fee* at the current rate will be required for re-enrollment.

### SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

**Holidays/Vacations:** I have reviewed the school calendar and am aware of the days the school is closed for holidays/vacations in which tuition is charged. As a privately funded program, tuition is our primary funding source. This payment goes directly to our teacher's salary and building expenses. All full-time staff members receive paid holidays and vacations as an employee benefit to promote work/life balance and mental health. I agree that I will not receive a refund, credit, or other allowance for holidays.

**Absences:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for any absences (i.e., sickness). I also understand that if I withdraw my child during a vacation or extended absence, my child's placement is not guaranteed and I will be required to pay a new non-refundable registration fee upon return.

Name of Child: \_\_\_\_\_



Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

**Inclement Weather or other Natural Disasters** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

## SECTION 4: STATE LICENSING AND OUR POLICIES

**All Policies and State Regulations:** I understand that the above policies are not an all-inclusive list of policies and that my child, my family members, authorized agents, and I are bound by state childcare regulations, the *Family Handbook*, and all other company policies, which may be modified at any time, without notice. I further understand that my continued enrollment constitutes my acknowledgment of and agreement to respectfully and professionally abide by all policies, procedures, and state regulations.

**Individualized Care Plans:** I understand that should my child have an IEP, 504, IFSP, or IHP, it will be shared with a member of management so the school can support my child's needs.

**Family Handbook:** I have received a copy of the *Family Handbook*. I have read and understand its contents and policies and agree to be bound by the same.

**No Modifications:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from a member of management. These policies have been reviewed with me by school management. I have read, understood, and agree to comply with the policies included in the *Enrollment Agreement* and *Family Handbook* and that such policies and this Enrollment Agreement constitute the sole and entire agreement of the parties hereto with respect to the subject matter in this *Enrollment Agreement* and the *Family Handbook*, and supersede all prior agreements, representations, and warranties, both written and oral, with respect to such subject matter.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

School Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Rev 01/2024



Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

# TRANSPORTATION AUTHORIZATION

## AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

Bus/Vehicle: The school may plan carefully arranged, supervised educational field trips for the children that require staff transportation. If any child is younger than 4 years old and less than 40 pounds, I agree to leave a carseat for the day of the trip only. Any children over age 40 and 40 pounds will be given an age appropriate booster seat if needed. All children will be buckled up according to state law. Anyone driving the students will have the proper license, CPR/First Aide Certification, and insurance to do so.

Walking: The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. These include children taking walks and riding in strollers, wagons, etc. I give the school permission to take my child on these field trips. I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the *Family Handbook*.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Rev 01/2024



Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

# CHILD PROFILE

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us? \_\_\_\_\_  
\_\_\_\_\_
2. What language is spoken in your home? (Is more than one language spoken in the home?) \_\_\_\_\_  
\_\_\_\_\_
3. What are your child's strengths or interests? \_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any particular fears? \_\_\_\_\_  
\_\_\_\_\_
5. Are there any concerns you may have regarding your child's development? \_\_\_\_\_  
\_\_\_\_\_
6. Describe your child's morning and nighttime routine. \_\_\_\_\_  
\_\_\_\_\_
7. Does your child take naps?  Yes  No If so, for how long? \_\_\_\_\_
8. For Preschool-Aged Children: Does your child need a comfort item for a nap?  Yes  No If so, what item? \_\_\_\_\_
9. Has your child ever been in a group care setting before? If so, please describe the previous experience. \_\_\_\_\_  
\_\_\_\_\_
10. Please check the appropriate boxes describing your child's social and emotional development. (This list is for informational purposes only; answers will not delay the enrollment process.)

Social and Emotional Development	Not Yet	With Support	Most of the Time	Always
Able to identify emotions in self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to identify emotions in others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates affection and empathy toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrains from aggressive behaviors toward others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to self-soothe when upset or overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits impulse control (e.g., uses appropriate words to show anger when a toy is taken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to resolve conflict with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows interest in being part of a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to follow simple directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to easily transition from one place to another? (e.g., being dropped off at school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with peers during play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Child: \_\_\_\_\_

Rev 01/2024



Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

# MEDICAL INFORMATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact (Name and Phone Number):  
\_\_\_\_\_

## Authorization for Medical Treatment of a Minor

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If a medical issue requires a physician's care, would you like us to call your family physician?  Yes  No

I (we) \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_.  
I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Missouri.

Preferred Hospital/Clinic for Acute Care and Emergency Care: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Practice/Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy Number: \_\_\_\_\_

Secondary Health Insurance Provider \_\_\_\_\_ Policy Number: \_\_\_\_\_

Has your child been immunized in accordance with the Immunization Schedule from the Centers for Disease Control and Prevention?

Yes  No Please explain: \_\_\_\_\_ Please

list any special medications or additional pertinent information: \_\_\_\_\_

## Infants (Less than 12 Months):

Did the child experience any complications at or before birth or require any extended hospital stay (more than 2 days beyond birth)?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Has the child experienced any respiratory issues that require medication, breathing treatments, or other special accommodation?

Yes  No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

*Please provide medical documentation; accommodations may require a Special Accommodations Packet to be sent to the Inclusion Team.*

Parent/Guardian Signature: \_\_\_\_\_

School Management Signature: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Rev 01/2024



Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

# MEDICAL HISTORY

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

1. Medication that will be administered regularly at the school: \_\_\_\_\_

2. Special Dietary Needs: \_\_\_\_\_

3. Is your child able to walk?  Yes  No Explain: \_\_\_\_\_

4. Can your child effectively communicate his or her needs?  Yes  No Explain: \_\_\_\_\_

5. Does your child have any medical or physical needs? Explain: \_\_\_\_\_

6. Does your child have any allergies (not including food sensitivities)? Explain: \_\_\_\_\_

7. Does your child have any food sensitivities? Explain: \_\_\_\_\_

8. Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_

9. Allergies (please check and list all that apply)

Medication: Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Food Allergen: Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Other: Allergen: \_\_\_\_\_

Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No If yes, please provide special instructions:

\_\_\_\_\_  
\_\_\_\_\_

Name of Child: \_\_\_\_\_



Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_

# ENROLLMENT CHECKLIST *(for use by School Management)*

Please review the entire *Enrollment Registration Information Packet* and *Family Handbook* with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

## OBTAIN SIGNED FORMS FROM FAMILY

- Completed *Enrollment Registration Information Packet* (Staple the copy to the back pages of the *Family Handbook*)
- Permission form for after-school pick-up, field trips, and emergency care
- Authorization for Student Pick-up
- Child Information Card*
- Family Handbook Acknowledgement*
- Launchpad Enrollment Agreement
- Watch Me Grow Authorization Packet
- Other state or federal required forms

## REVIEW WITH FAMILY

- |   |  |
|---|--|
| <input type="checkbox"/> The child's first day  | <input type="checkbox"/> Immunization/health information                           |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy)        | <input type="checkbox"/> Annual Supply Fee   |
| <input type="checkbox"/> Tuition payment schedule, amounts, and due dates                   | <input type="checkbox"/> Late fees   |
| <input type="checkbox"/> Parent conferences and communications, what to expect daily/weekly | <input type="checkbox"/> Vacation policy   |
| <input type="checkbox"/> Process and procedures of security access                          | <input type="checkbox"/> Special needs   |
| <input type="checkbox"/> Authorized pick-up, late pick-up policy, and emergency controls    | <input type="checkbox"/> Absenteeism policy  |
| <input type="checkbox"/> Child custody documents <i>(if applicable)</i>                     | <input type="checkbox"/> Sick policy   |
| <input type="checkbox"/> Clothing and other items to bring (labeled)                        | <input type="checkbox"/> Meals   |
| <input type="checkbox"/> Any pick-up restrictions   | <input type="checkbox"/> Allergies   |
| <input type="checkbox"/> Any field trip restrictions  | <input type="checkbox"/> Registration Fee  |
| <input type="checkbox"/> Any photo restrictions   | <input type="checkbox"/> Medication policy   |
|   | <input type="checkbox"/> Relevant curriculum features for child's age group        |
|   | <input type="checkbox"/> Infant/Toddler Needs Services Plan <i>(if applicable)</i> |
|   | <input type="checkbox"/> Review Emergency and Disaster Plans                       |

The information above was reviewed with me, and all of my questions are answered to my satisfaction. I have a clear understanding of The Launchpad's policies.

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member of Management: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Rev 01/2024



Date: \_\_\_\_\_ Parent/Guardian Initial \_\_\_\_\_



Where self-discovery happens.