



***Schedules and Late Fee Policy***

We ask that you set a realistic schedule for your child's attendance, allowing for commuting delays, last minute work assignments, etc. If receiving subsidy assistance, please adhere to your authorized hours. We expect that your child will be dropped off no earlier than, and picked up no later than, the times confirmed for your enrollment. It is imperative that children are picked up by their scheduled pick up time. Parents arriving after their scheduled pickup up time will be charged a late fee of \$1.00 per minute, per child.

***Absences and Late Arrivals***

Please call the Center as early as possible on a day your child will be absent, this includes late drop off and early pickup, so we may better plan for the day. If it is a planned absence, we ask that you contact us with as much advanced notice as possible. Please contact us at **531-466-3725**.

***Schedule Changes***

Schedule changes may be possible provided that space is available. If you are reducing the number of days your child attends, a month's notice is required so that we may fill the available opening. We discourage parents from making more than 2 schedule changes per year to provide consistency for the groups and for individual children. Exceptions will be made only in extreme

*Complete the bottom portion and submit to the office*

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Name of Parent/Guardian:					
Days and times my child(ren) will receive care:	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time					
Departure time					

***Office use only:***

Date received: \_\_\_\_\_

- New enrollment
- Schedule change

**Child's Information**

Child's Name:	Sex: ( )M ( )F	Child's Birthday:
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Home Address (Street/Apt # City, State, Zip code)
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**Child resides with:** ( ) Both Parents ( ) Mother ( ) Father ( ) Other

<p>Parents are: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single</p> <p>Parent(s)/ Guardian(s) with legal custody:</p> <p>_____</p> <p>Copies of custody agreements, court orders, and/or restraining orders attached? ( ) Yes ( ) No</p>
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**Parent/Guardian Information (All fields required.)**

<u>Relation to Child</u>	<u>Parent or Guardian Name</u>
<u>Phone</u>	<u>Social Security Number</u>
<u>Address (if different from child's)</u>	<u>Email Address</u>
<u>Employer</u>	<u>Phone</u>
<u>Address</u>	

**Parent/Guardian Information**

<u>Relation to Child</u>	<u>Parent or Guardian Name</u>
<u>Phone</u>	<u>Social Security Number</u>
<u>Address (if different from child's)</u>	<u>Email Address</u>
<u>Employer</u>	<u>Phone</u>
<u>Address</u>	

### Payment Information

Who is responsible for payment?	Preferred Payment Method (cash/check)
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### Tuition by Age Group

Age	Full-Time/Weekly Rate	Part-Time/Three-Day Rate	Daily Drop-In Rate
Infant (6wks-18months)	\$215	\$155	\$55
Toddler (18months-36months)	\$207	\$145	\$50
Preschool (3-5years)	\$190	\$130	\$45

### School Age Tuition

Age	Full-Time/Weekly Rate	Part-Time/Three-Day Rate	Daily Drop-In Rate
Winter Break, Spring Break, Summer Camp	\$165	\$105	\$40
Remote Learner	\$175	\$115	\$40

### Other Fees:

Registration Fee, per child (non-refundable, paid prior to starting)	\$50
Summer Activity Fee (3 - 5 years)	\$20.00 per month (June, July, Aug)
Summer Activity Fee (6 - 12 years)	\$25.00 per month (June, July, Aug)
Christmas and Spring Break (6 - 12 years)	\$25.00 for the break
Late Pickup Fee	\$1.00 per minute per child past 6:00 pm

\* 5 days of vacation/sick leave is allowed per child per year. After the 5 days is used, parents are responsible for regular tuition. Parent/Guardian must notify the Director, when they plan to use vacation/sick leave. Vacation can be used after 90 days of full-time enrollment. There is no vacation benefit for part-time services.

\*\* All activity fees are estimates. Actual activities fees are subject to change depending upon planned activities.

**PICKUP AND EMERGENCY INFORMATION**

Persons whom may be contacted in the event of an emergency and the child may be released by the center to:

Name	Relationship	Address	Home Phone	Cell Phone

\*\*\*A minimum of THREE contacts must be listed, not including Mother and Father.\*\*\*

If someone other than the parent/guardian or individuals listed above will be picking up, the parent/guardian must call the center and tell staff who is assigned to pick up. The person picking up must provide valid proof of ID.

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**Consent to Contact Physician in Emergency:**

In the event that I cannot be reached to make arrangements, I hereby give my consent to Gifted Minds Learning Center to Contact Doctor \_\_\_\_\_ (name of physician) at \_\_\_\_\_ (Address & City) at \_\_\_\_\_ (phone number) and, if necessary, take my child to the following doctor, Clinic or Hospital \_\_\_\_\_.

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Signature of Parent/Guardian

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Date

**HEALTH INFORMATION**

**NOTE: ANNUAL IMMUNIZATION RECORDS WILL BE COLLECTED AT START AND EVERY FALL THEREAFTER. ALL RECORDS MUST BE UP-TO-DATE AND TURNED IN TO THE OFFICE FOLLOWING EACH DOCTOR VISIT WHERE CHILD RECEIVES IMMUNIZATIONS.**

Does your child have any special needs (medical, developmental, social, mental health)?  
\_\_\_\_\_

Any restrictions? \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP)? ( ) Yes ( ) No

**Is your child prone to (Please circle):**

Ear Infections / Earaches / Eczema / Diarrhea / Upset Stomach / Seizures / Urinary Tract Infections /  
Throwing Up / Upper Respiratory Infections (URI) / Sore Throats / Diabetes / Sinus Infections /  
Bone or Joint Problems / Other: \_\_\_\_\_

**ALLERGIES: Circle Any Allergies, List and Explain Reactions (Hives, etc.) Treatments (EpiPen, Other):**

Allergy to Food	List:	Reaction:	Treatment:
Allergy to Medication	List:	Reaction:	Treatment:
Allergy to Environment	List:	Reaction:	Treatment:
Allergy to Bee Stings	List:	Reaction:	Treatment:

Additional notes: \_\_\_\_\_

**SPECIAL MILK SUBSTITUTES MAY REQUIRE A SPECIAL FORM TO BE SIGNED. SEE OFFICE.**

**Vision, Hearing, Speech, Dental and Other Information:**

Does your child have trouble hearing? ( ) Yes ( ) No Tubes or Hearing Aides? ( ) Yes ( ) No

Does your child have difficulty seeing? ( ) Yes ( ) No Wears glasses or contacts? ( ) Yes ( ) No

Does your child have speech problems? ( ) Yes ( ) No Explain: \_\_\_\_\_

Date of last or next dental examination?

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Does your child do any of the following?

Nail biting  Yes  No

Thumb sucking  Yes  No

Stuttering  Yes  No

**Medications:**

Does your child take medications at home (including inhalers)?  Yes  No

Please list here: \_\_\_\_\_

Is there any medication that needs to be taken regularly at Gifted Minds Learning Center?

Yes  No

Please list name of medication:

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Medication logs must be filled out by parents.

We require a doctor's prescription or written note for all medications.

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**Immunizations:**

**PLEASE PROVIDE A COPY OF YOUR CHILD'S CURRENT SHOT RECORDS. THIS CAN BE FAXED TO US AT 531-466-5854**

Immunization Exemption:  Medical  Religious

*Exemption note must be provided by parent/guardian or doctor.*

**School Age Only**

Current School: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements are on file at my child's school.

Parent/Guardian Initials \_\_\_\_\_

**Social History of Your Child:**

1. Napping:

Does your child have a favorite blanket or toy?

\_\_\_\_\_

Is your child used to taking a nap? \_\_\_\_\_ How long? \_\_\_\_\_

2. Toileting:

Is your child potty trained? \_\_\_\_\_

What words/actions say or do to let someone know he/she has to use the restroom?

\_\_\_\_\_

3. Personality and Emotional Development:

Does your child have any fears? If so, please explain:

\_\_\_\_\_

Does your child have any nervous habits?

\_\_\_\_\_

When does he/she show them?

\_\_\_\_\_

What words best describe your child? Please circle.

Active	Bites	Calm	Cheerful
Dependent	Destructive	Easily Angered	Excitable
Happy	Quiet	Shares things	Jealous
Independent	Stubborn	Temper Tantrums	Loud

Give any other information which you believe will assist the childcare provider in understanding your child?

\_\_\_\_\_

Have you ever been asked to leave a center? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your child have a behavior plan in place? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and give to the office:

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**PERMISSION FORMS - Please initial each box**

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**Field Trip Permission:**

The State of Nebraska requires that we have a signed permission slip for field trips. This gives consent for your child to go on field trips or outings (local parks, schools, etc.). The transportation for these field trips and outings will be walking when close to center. You will be notified of each field trip planned and the details surrounding the field trip.

I give permission for my child to go on field trips and walks with Gifted Minds Learning Center.

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 events.

Are there any instructions for special care for the child (i.e. - asthma, seizures, etc.) during walks?

If yes, specify:

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Initials  
Here

**Water Play:**

Gifted Minds Learning Center has many activities involving water throughout the year.

These include, but are not limited to:

- Water Sensory Table
- Water Bottles
- Outdoor Water Play
- Sprinkler

**WE DO NOT USE WADING POOLS ON OUR PREMISES**

Initials  
Here

Upon initialing this form, you agree to permit your child to participate in water activities.

Special instructions:

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**Photograph or Video Tape Permission:**

Photographs are an important part of documenting your child's school year, progress, and memories. I hereby give permission for Gifted Minds Learning Center to photograph and/or videotape my child for the following purposes:

***Initial all that are approved:***

\_\_\_\_\_ Display at the center on bulletin boards or scrapbooks

\_\_\_\_\_ Gifted Minds Learning Center Website

\_\_\_\_\_ Use in Newsletters

\_\_\_\_\_ Gifted Minds Learning Center Facebook Page

\_\_\_\_\_ Program videos (holiday/graduation)

### Competency Statement for Medications

I have determined that Gifted Minds Learning Center Staff and/or Center Director is competent to give or apply medication to my child. I agree to sign a parent permission form (in office) and provide an up-to-date prescription with dosage, I will provide a doctor/pharmacist note explaining dosage and medication plan. Doctor's notes may be faxed to the center at (531-466-5854).

Initials  
Here

**NOTE: ALL PRESCRIPTION MEDS NEED FORMS FILLED OUT IN THE OFFICE**

### Topical Lotion/Medication Permission

I do hereby grant permission to Gifted Minds Learning Center staff to use the following on my child (**Initial all that are approved**):

\_\_\_ Sunscreen (center provided). You may also provide your child's sunscreen.

\_\_\_ Diaper Rash Cream

\_\_\_ First Aid Ointment

\_\_\_ Vaseline

\_\_\_ Teething Relief/Gel

\_\_\_ Hand Lotion

\_\_\_ No, I do give permission to apply any over-the-counter items on my child.

**NOTE: IF YOU SEND ANY OF THESE ITEMS WITH YOUR CHILD IN THEIR DIAPER BAG OR BACKPACK, PLEASE ALERT STAFF AS WE MUST KEEP TOXIC ITEMS UP AND LOCKED AWAY FROM ANY CHILD'S ACCESS. TOPICAL MEDICATION MUST BELABELED WITH YOUR CHILD'S NAME.**

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### Confidentiality Statement

I understand Gifted Minds Learning Center has a strict policy regarding confidentiality with respect to all families. Gifted Minds learning Center reserves the right to terminate childcare at any time due to noncompliance of any rules or polices. All children and families have the right to expect that all information about their family will be kept confidential. It is the parent's responsibility to abide by this policy regarding other children, families, staff, and the center in general. All staff is required to sign confidentiality agreements. Gifted Minds Learning Center will not release any information to any person without written permission. The only exception to this will be the exchange of information by law and to the Department of Health and Human Services if needed.

Initials  
Here