

Liberty Learning Centers Inc.

2022-2023 Enrollment Form

Child's Information (One form per child)

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|---|-----------------------------|---|------------|
| CHILD'S FIRST and MIDDLE NAME | | CHILD'S LAST NAME | |
| DATE OF BIRTH | AGE | LAST MEDICAL EXAM / PHYSICAL (Child required to have exam within the last 12 months) | GENDER |
| HEIGHT | WEIGHT | EYE COLOR | HAIR COLOR |
| BLOOD TYPE | | | |
| OPERATIONS / CHRONIC ILLNESSES | | | |
| LANGUAGES SPOKEN AT HOME | | CHILD'S ETHNICITY/ RACE ___Asian/Pacific Islander___Hispanic ___Native American___African-American___Caucasian___Other | |
| ALLERGIES TO FOOD OR DRUGS _____NO _____INITIAL _____YES _____INITIAL (List allergies and fill out CHILD HEALTH PLAN FOR FOOD ALLERGY/INTOLERANCE) | | | |
| WHAT SCHOOL DOES YOUR CHILD ATTEND | WHAT GRADE IS YOUR CHILD IN | LAST TETANUS SHOT | |
| PHSICAL, EMOTIONAL, PSYCHOLOGICAL, OR BEHAVIORIAL NEEDS/CONSIDERATIONS _____NO _____INITIAL _____YES _____INITIAL (List needs and considerations and fill out an INDIVIDUAL PLAN OF CARE) | | | |
| DOES YOUR CHILD TAKE ANY MEDICATIONS ON A REGULAR BASIS? _____NO _____INITIAL _____YES _____INITIAL (List medications and dosages) | | | |
| WILL STAFF NEED TO ADMINISTER ANY MEDICATION DAILY? _____NO _____INITIAL _____YES _____INITIAL (Fill out medical authorization form at the center and turn in with medication in original prescription bottle and a doctor's note) | | | |

Medical Contact Information

| | |
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| FAMILY PHYSICIAN | PRIMARY PHONE NUMBER |
| ADDRESS | |
| FAMILY DENTIST | PRIMARY PHONE NUMBER |
| ADDRESS | |
| HOSPITAL OF CHOICE | PRIMARY PHONE NUMBER |
| ADDRESS | |
| INSURANCE COMPANY | PRIMARY PHONE NUMBER |
| POLICY HOLDER | POLICY NUMBER |

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PARENT / GUARDIAN INFORMATION (One per family)

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| PARENT / GUARDIAN FULL NAME | | AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO | |
| FULL ADDRESS | | PLACE OF EMPLOYMENT | |
| CELL NUMBER | WORK NUMBER | | HOME NUMBER |
| EMAIL | RELATIONSHIP TO CHILD | SOCIAL SECURITY NUMBER | |
| PARENT / GUARDIAN FULL NAME | | AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO | |
| ADDRESS | | PLACE OF EMPLOYMENT | |
| CELL NUMBER | WORK NUMBER | | HOME NUMBER |
| EMAIL | RELATIONSHIP TO CHILD | SOCIAL SECURITY NUMBER | |
| IF APPLICABLE, WHO IS THE CUSTODIAL PARENT/GUARDIAN? | | | |
| IF APPLICABLE, WHO IS NOT AUTHORIZED TO PICK UP YOUR CHILD(REN)? (Must provide legal documentation to center director) | | | |

EMERGENCY CONTACTS (Local contacts only. Minimum of three emergency contacts required. Contacts must be at least 18 years old and must be able to provide photo identification.) All contacts must be able to provide photo identification at pick up.

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| EMERGENCY CONTACT FULL NAME | |
| ADDRESS | |
| CONTACT PHONE NUMBER | AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO |
| EMERGENCY CONTACT FULL NAME | |
| ADDRESS | |
| CONTACT PHONE NUMBER | AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO |
| EMERGENCY CONTACT FULL NAME | |
| ADDRESS | |
| CONTACT PHONE NUMBER | AUTHORIZED TO PICK UP CHILD? _____ YES _____ NO |

PARENT/GUARDIAN SIGNATURE

DATE

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PARENT / GUARDIAN ACKNOWLEDGEMENT (read and initial each statement)

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| Initial | By choosing to enroll at Liberty Learning Centers Inc, I attest that I am having my child brush their teeth at home 2x per day. |
| Initial | With my signature I understand and accept my responsibility to read and follow the procedures and policies stated in the Parent/Guardian Handbook located at www.libertylearningcenters.com |
| Initial | I understand Liberty Learning Centers Inc ways of communication. Including but not limited to: email, phone call, text, procare app, postings / flyer, Facebook, calendar, website, & verbal. It is my responsibility to check and keep up with program communications. I am also responsible to communicate any messages with pertinent people in my child's life. |
| Initial | I understand and know that a copy of Liberty Learning centers Inc. Disaster/Emergency Plan and Healthcare Policy is located online at www.libertylearningcenters.com |
| Initial | I understand that as the enrolling parent/guardian, it is my responsibility to ensure that any persons picking up or dropping off my children are aware of, and follow all program policies. |
| Initial | I will talk with the center director, program supervisor, or the Liberty Learning Centers Inc. office for assistance or if I have any questions. |

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| PARENT/GAURDIAN SIGNATURE | DATE |
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INDIVIDUAL PLAN OF CARE

There are times that every child may be in need of different classroom environments to help encourage his/her learning/emotional needs. This may include a smaller, quieter environment or an environment with more stimulation. Parents and staff have decided that it would be best for their child to have the ability to transition to whatever classroom the teachers find is needed each day that their child is in care. The staff will make the decision as needed based on the child's needs on a daily basis. Special Materials/Equipment Needed: The ability to go to a different classroom or group as mentioned above. The staff and parents will communicate verbally as well as share documentation to evaluate the progress of the child.

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| PARENT/GAURDIAN SIGNATURE | DATE |
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PAYMENT POLICIES AND PROCEDURES

ANNUAL HOUSEHOLD INCOME (Please select from the following)
 Less than \$15,000 Less than \$30,000 Less than \$45,000 Less than \$60,000 More than \$60,000

MILITARY INFORMATION
 Is your child a military dependent? Yes No
 Do you have a military affiliation? Active Duty Retired/Veteran DOD/Civil Service Reserve
 If you are have a military affiliation, have you applied for NACCRRRA? Yes No

HOW DID YOU HEAR ABOUT OUR PROGRAM? Website Phone Book Friend Mailer
 ACCYN/Military Mailer Store Posting Childcare Aware Other _____

PRIMARY PERSON RESPONSIBLE FOR PAYMENTS
 Name (First) _____ (Last) _____

SECONDARY PERSON RESPONSIBLE FOR PAYMENTS
 Name (First) _____ (Last) _____

Completion of registration packet, immunization form, registration fee paid, and full payment for the month officially enrolls your child in Liberty Learning Centers Inc. program. Your child will begin care two business days following completed registration and payment processing. It is your responsibility to update all information in these forms as needed. Childcare contracts auto-renew every school year with the annual registration fee.

Liberty Learning Centers Inc. is open to all, regardless of gender, race, age background, income, or physical or mental ability.

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STATEMENT OF UNDERSTANDING, PERMISSION, AND COMPLIANCE (Read and initial each statement)

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| Initial | My child(ren) has permission to participate in program based activities and assistance as requested by a teacher or designated center personnel, including field trip for activities in the multi-purpose room. |
| Initial | I am aware and I approve of my child(ren) having an opportunity to participate in program activities and hereby release Liberty Learning Centers Inc. from any and all responsibility and liability of any nature resulting from my child's participation in Liberty Learning Centers Inc. activities and transportation as required. |
| Initial | In the event that my child(ren) is injured, I give Liberty Learning Centers Inc. first-aid and CPR certified staff the authority to provide basic first-aid and CPR as the situation requires including splinter removal, if necessary, and/or if they become seriously ill or injured and I cannot be reached. |
| Initial | I authorize any emergency transportation, hospitalization, x-ray, medical, dental, and/or emergency surgical treatment advisable by the circumstances by any member of the medical staff or medical facility. |
| Initial | I understand it is my responsibility to provide my own accident and health insurance while participating in all Liberty Learning Centers Inc. activities, and that Liberty Learning Centers Inc. do not provide any health or accident coverage for its participants. |
| Initial | I grant permission for photographs / videos which include my child(ren) in Liberty Learning Centers Inc. records, program, projects, marketing, and public relations to be used in media releases and benefit the center to be taken. |
| Initial | I recognize participants are expected to follow all safety instructions, remain in areas designated by staff, and refrain from behavior harmful to oneself or others. I understand that failure to adhere to the program and behavior policies could be cause for participant's dismissal without refund of program fees. Please see Parent/ Guardian Handbook for more information. |
| Initial | I understand it is my responsibility to have someone available to pick up my child from care at Liberty Learning Centers Inc. within 30 minutes of a phone call, email, text, or other means of communication. |
| Initial | I understand that I must provide a one month written notice submitted to the center director for termination of contract, schedule change, or account information. |
| Initial | I understand that Liberty Learning Centers Inc. does not use pesticides, and if they do, they will post notices about what pesticides will be used and when they will be used. |
| Initial | With my signature below, I agree to the policies and procedures outlined in this form, and the Parent/Guardian Handbook. Including but not limited to inclement weather policies, termination of care due to any reason listed above or in the parent handbook, behavior, and refund policies. |
| Initial | I understand and agree that I am responsible for any/ all charges and fees that my child(ren) acquire while in care at Liberty Learning Centers Inc., and understand that any costs required to collect my payments current or past due will be charged to me the person signing up for care at Liberty Learning Centers Inc. |
| Initial | I understand that I am fully responsible for the terms of this agreement as stipulated, and understand that Liberty Learning Centers Inc. reserves the right to change any of the above information including the rates, with no less than 10 business days' notice to our clients. |

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| PARENT/GUARDIAN SIGNATURE | DATE |
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PANDEMIC AND COMMUNICABLE DISEASES RELEASE AND WAIVER OF CLAIMS ADDENDUM ("Release")

The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the Pandemic virus, and other communicable diseases, and recognize that exposure to the Pandemic virus, or other communicable diseases, could occur while my child is in the care of Liberty Learning Centers Inc. As such, and in consideration for child care services to be provided by the Liberty Learning Centers Inc., the undersigned, for myself and my minor children enrolled in the Program fully assume all of the risks associated with participation in Liberty Learning Centers Inc, including the possibility of Pandemic and communicable disease community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING LIBERTY LEARNING CENTERS INC AND ITS OWNERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE PANDEMIC VIRUS. I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren). MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING LIBERTY LEARNING CENTERS INC AND ITS OWNERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.

Tuition Policy for covid incidents:

- 1.Liberty Learning Centers Inc. staff will continue to work and be paid during the times when we are closed. We will use the time to do additional cleaning before we reopen. Therefore, although we would prefer to adjust tuition, there will be no reduction in tuition during closures should they occur. We want to be sure our beloved team can be here for you as soon as we reopen.
- 2.Regular tuition is due in full for closures due to a child or parent testing positive for covid, or if a child quarantines because of a positive exposure in the family.
- 3.All other absences or closures are considered paid and part of the monthly tuition just as they have always been.

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| PARENT/GAURDIAN SIGNATURE | DATE |
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