



ACKNOWLEDGMENT OF RECEIPT OF PARENT HANDBOOK AND REGISTRATION PACKAGE WITH FORMS AS WELL AS RULES, TERMS AND PROVISIONS

I / We hereby acknowledge receipt of the complete registration package, which consists of the following:

- * A copy of the PARENT HANDBOOK
- * Any changes or updates there to (if applicable)
- * Forms to be completed by parents/guardians and returned to *Lccc, Inc.*
 - Tuition & other charges information
 - Registration and Contact Information
 - Specific Child Care information
 - Medical Information
 - Emergency Procedure Policy
 - Discipline policy
 - Influenza virus brochure

I / We confirm that we have read and understood the terms and provisions and agree to adhere to the terms and rules as outlined in the handbook.

The information regarding my/our child/children supplied by me/us on the forms provided is deemed to be correct and current and we understand that we are under the obligation to update this information when changes occur and to notify *Lccc, Inc.* of all changes in writing immediately.

Read and Agreed:

Date:

.....
Signature of all Parents / Guardians
Typed first and last name parents/guardians



TUITION CHARGES & OTHER FEES

***Childcare fees are based on enrollment (a reserved space), not on attendance. To maintain a reserved space, fees must be paid during the absence of a child due to illness, holidays, vacation, or for any other reason. ***

We ask you to consider how you would feel if your employer came to you on your expected payday and told you that your paycheck would be delayed?

Tuition: Is due every Monday and payable no later than closing time
Wednesdays 6:30pm

Late Fees: There will be a late fee of \$10.00 for each day that payments are
Received late (after 6:30pm Wednesday)

NSF Fee: Lccc, Inc. will charge you a \$20.00 late fee for all bounced.
Checks. Please make sure that you make your future payments in
Cash or debit/credit card only.

Late Pick up Fee: Lccc. Inc. closes its door at 6:30pm. Please make sure that you
pick up your child/ children no later than 6:30pm. A \$20.00 fee
will be charged for picking up past 6:30pm. After 15 minutes
has elapsed you will be charged \$20.00 for each additional 15
minutes or portion of a 15-minute period. Payments will be due
and payable immediately but no later than the next day.

All fees including registration fee are non-refundable.

**By signing below, you agree that you have read & understood the terms & rules issued by
Lehigh Child Care Center, Inc. (Lccc, Inc.)**

Read, understood and Agreed: **Date:**

(Signature of parents / guardian)



REGISTRATION AND CONTACT INFORMATION

1) REGISTRATION INFORMATION

Date of Registration: Registration Fee: \$.....

Enrollment for school year starting on: Weekly tuition Fee: \$

Amount and date received:

all fees including registration fee are non-refundable

2) CHILD INFORMATION

Child's Name: Sex:

Home address: D.O.B:.....

..... Home Phone:

3) PARENTS and GUARDIAN INFORMATION

Mother's Name: Home Phone:

Home Address: Cell Phone:

Employer: Work Phone:

Special Instructions for Contacting Mother:

Father's Name: Home Phone:

Home Address: Cell Phone:

Employer: Work Phone:

Special Instructions for Contacting Father:

Guardian's Name: Home Phone:

Home Address: Cell Phone:

Employer: Work Phone:

Special Instructions for Contacting Guardian:

The above information provided is deemed to be correct and current and we understand that we are under the obligation to update this information when changes occur and to notify *Lccc, Inc.* in writing immediately. *Lccc, Inc.* will not be liable if the information provided is not up to date.

Parents/ guardians e-mail address:.....

READ, UNDERSTOOD and Agreed: Date:

(Signatures of parents / guardian)



SPECIFIC CHILD INFORMATION

Name of Child: Date of Birth:
School year:

1) General Information:

Name and Ages of other children in the family:
How did you hear about this school?
Schools attended by child prior to *Lccc, Inc.* :

2) General Child Care Information:

Does the child need assistance getting dressed?
Does the child need assistance use the bathroom?
Does the child have specific fears or anxieties?
Does your child need a nap or rest?
Does your child dislike any particular foods/drinks?
Additional comments, instructions, requests or advise to staff of *Lccc, Inc.* by parents:
.....

3) Child Pickup at Center

Lccc, Inc. is hereby authorized to hand over the child to the following parties at the end of the school day or in case of emergency or accident if the parents/guardians cannot be reached. Persons not on this list will not be allowed to remove the child. *Lccc, Inc.* will not assume any liability if this information is not kept current by parents/guardian. Changes may only be made by written notification.

Mother: Yes No Name of Mother:
Father: Yes No Name of Father:
Guardian: Yes No Name of Guardian:
Other Name: Relationship: Phone #
Other Name: Relationship: Phone #
Other Name: Relationship: Phone #
Other Name:..... Relationship: Phone #
Other Name: Relationship: Phone #

READ, UNDERSTOOD and Agreed: Date:
(Signatures of parents / guardian)



MEDICAL INFORMATION

Name of Child: Date of Birth:

1) Medical Information

Please list all known allergies:

Please list any physical impairments (visual, speech, hearing, handicap):

Treatment/Medication, explain:

Please list all contagious diseases or conditions your child may have:

.....

What childhood diseases has the child had:

.....

Please list any existing conditions and prescription medications the child is taking:

.....

Additional comments, requests, advise to staff of LCCC Inc. by parents/guardian:

.....

.....

Preferred Physician Name and Address:

..... Phone Number:

Preferred Hospital Name and Address:

..... Phone Number:

Acknowledgment of Parents/Guardians:

I/we hereby agree to provide the updated physical and immunization records (blue and yellow card) from the pediatrician at the time of registration or within 30 days thereof or the child/children will be excluded from school until such records are on file per rules from Department of Children or Families.

I/we the undersigned hereby understand that it is our obligation to inform *Lccc, Inc.* of any changes to the above in writing, *Lccc, Inc.* In the event the child has a contagious disease, the child may not attend *Lccc, Inc.* until a physician states that the child is well and no longer contagious. *Lccc, Inc.* will not be liable if the above information is not kept current.

Read, understood and agreed: Date:

(Signature of parents/ guardian)



EMERGENCY PROCEDURE

Name of Child: Date of Birth:

School year:

Emergencies / Accidents / Injuries / Illness Procedure

The following will apply in the event of an emergency, accident, injury, or illness of the child while at *Lccc, Inc.*

- 1) Staff/employees notifies Director of *Lccc, Inc.* Immediately
- 2) Director/staff/employees implement treatment as outlined by "Children and Families Service Guidelines"
- 3) Director contacts primary caretaker/contact of child
- 4) If primary caretaker/contact is unavailable, Director contacts other designated contact persons
- 5) Director/staff/employee will compile an accident report as quickly as possible

Authorization for Emergency Care in the event Director is unable to contact the parents / guardians or other designated caretakers of the child:

If the Director is unable to contact primary caretakers/contacts, the undersigned AUTHORIZES *Lccc, Inc.*, its Director, and/or staff to contact the child's physician and/or 911 for emergency care depending on severity. The undersigned also authorizes physician and/or emergency personnel to implement and administer immediate emergency treatment to ensure the safety of the child. The undersigned agree to be financially responsible for any medical payments resulting from such treatment.

We the undersigned hereby authorize emergency treatment for the child if we cannot be reached and the illness, accident or injury requires immediate attention.

READ, UNDERSTOOD and Agreed: Date:
(Signatures of parents / guardian)

Director can contact parents/contacts and they come and get the child.

- a) If available at the time of pickup of the child the accident report shall be signed by parents/guardian.
- b) In the event that is not possible parents will sign the accident report within 3 days of occurrence as required
By law or all claims will be automatically waived by parents/guardian.
- c) Parents/guardian must keep *Lccc, Inc.* informed about the healing process of the child and provide medical Records from doctors/hospitals for *Lccc, Inc.* files.
- d) *Lccc, Inc.* shall have the right to see the child in reasonable intervals to observe the healing process.
- e) *Lccc, Inc.* shall have the right to have the child examined at its cost by a physician for a second opinion.
- f) In the event a-e) is not adhered to, parents/guardians automatically waive any claims for damages.

It is the undersigns responsibility to keep the care and medical information of the child up to date and inform *Lccc, Inc.* timely and in writing of any changes. *Lccc, Inc.* will not be liable in the event the undersigned have not updated the child's records with *Lccc, Inc.*

Read, understood, and Agreed: Date:
(Signature of both parents / guardian)

Child's Name _____

This is an amendment to our parent handbook and our contract. Please sign below stating that you have been notified and understand this policy.



DISCIPLINE POLICY

Discipline is based upon positive reasons for respecting one another and being safe. We believe discipline to be positive lessons in self-control and problem solving, resulting in desirable behavior.

If unacceptable behavior continues, the teacher will help redirect the unacceptable behavior by providing choices remaining in vision of the teacher.

Parent signature

Section 402.3125 (5), F. S. requires that parents receive a copy of the Child Care Brochure.

“KNOW YOUR CHILD CARE CENTER”

By signing below, you verify that you have received the above item and that all information on this enrollment from is complete and accurate.

Parent signature

FIELD TRIP INFORMATION / AUTHORIZATION FORM FOR FIELD TRIP'S

Child's Name _____

A sign-up sheet will be posted notifying parents of date, time, place, cost of any, and purpose of each trip. A school bus may/ may not be needed to transport the children. Please circle one:

Nature walks	Yes	No
Field trips locally	Yes	No
Field trips out of Lehigh Acres by transportation	Yes	No

Printed name of Parent/ Guardian _____

Signature of Parent/ Guardian _____

Date _____



I give permission for my child _____ to participate in food related activities. (Like Birthday or Theme parties, celebration, special food events, holiday events & food project). Please check on of the following:

_____ My child does not have a food allergy or dietary restriction.

_____ My child does have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

_____ My child does have a food allergy or dietary restriction. He or she may not participate in activities.

Parent's signatures & date

PHOTOGRAPH PERMISSION

I / we hereby give _____ / do not give _____ permission to Lehigh Child Care Center, Inc. to take and or use pictures of my child/ children _____ and to be used in any newspaper, magazines, advertisement and or social media, webpages, or internet.

Parent's signatures & date

ATTENTION PARENTS AS OF 10/1/2013 NUTRITION CHANGES ADMINISTRATIVE CODE - CHAPTER 65C – 22.005

FOOD & NUTRITION

Breast milk, infant Formula and Food

- Breast milk and formula must be handled in a sanitary manner.
- Items brought from home must be labeled with the child's first and last name.
- prepared bottles shall be placed in refrigerator and used within 48 hours.
- **NO SOLID FOOD FOR INFANTS YOUNGER THAN 4 MONTHS UNLESS DIRECTED BY PHYSICIAN (DOCTOR'S NOTE WILL BE REQUIRED)**

Parent's signatures & date