

Please fill out every line on the child's Pre-admission

Record with complete address including zip codes, phone number and dates. If you have no parent or guardian information please write N/A only on the father/mother guardian line. Every line must be completed. If the form is not fully completed, it will be rejected. A blue slip has to be turned in with the Pre-admission Record before your child/s can be accepted.

Lorani Lampy

G. Child's preadmission record

DHR-CDC-739

CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: ()	Employer's Telephone Number: ()
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

Signature

Date

Form not valid without signature of child's parent/guardian
Page one of two-form not valid without second page

Child's Preadmission Record (continued) - page two of two - form not valid without first page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Signature of parent/guardian

Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

☐ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.

Wee'smile Learning Center Day & Night

Brundidge, Alabama 36010

STATEMENT OF STANDARD AND POLICIES

THIS STATEMENT IS TO VERIFY THAT I

_____, HAVE READ AND UNDERSTANDS THE POLICIES OF LAMPLEY'S DAY & NIGHT CARE SERVICES. I HAVE ALSO READ AND UNDERSTAND ALL WRITTEN POLICIES OF LAMPLEY'S DAY & NIGHT CARE SERVICES WHICH APPLY TO ME.

I UNDERSTAND THAT I AM EXPECTED TO COMPLY WITH ALL APPLICATION STANDARDS AND POLICIES. FAILURE TO DO SO COULD RESULT IN IMMEDIATE TERMINATION OF CHILDCARE.

SIGNATURE : _____

DATE ; _____

PROVIDER Loraine Lampley

DATE : _____

Wee'smile Lampley Learning Center weekly Rates:

I _____ promise to pay
wee'smile center

\$ _____ Per week
\$ _____ Bi/ weekly
\$ _____ Monthly

for childcare fees . I agree to be responsible for all childcare fees and/or late fee charges for any reason that I am late or pay partial payments. I will be charge a \$50.00 late fee per week. I agree my child can not enter wee'smile center without fees and be will responsible for being late if fees is not paid within that week. I agree that my child\children can not re-enter the following week until all fees are paid in full. I agree that my child will be terminated from wee'smile l. l. center if all fees are not paid in full. I agree if I want my child/children to re-enter I will have to pay a \$50.00 re-enter fee pluse all late charges . Prices are subject to change.

I want to enroll fulltime ____.

I want to enroll parttime ____.

Release Child To: _____

Release Child To: _____

Release Child To: _____

Release Child To: _____

Child Doctors _____

Doctors Phone Number _____

EMERGENCY TELEPHONE LIST

Child Name _____ Age _____

Birthday _____

Mother Name _____

Home Number _____

Work Number _____

Cell Number _____

Father Name _____

Work Number _____

Cell Number _____

Guardian Name _____

Home , Work & Cell Number :

Home Address : _____

Please put only who your child will be release to .

If some one else come to pick your child up that is not listed
the child will not be release until parents call to verify it over the
phone !

Release Child To : _____

Release Child To : _____

Release Child To: _____

Release Child To: _____

Release Child To: _____

Child Doctors ; _____

Doctors Phone Number _____

Wee'Smile Learning Center Unloading Policies

WeeSmile learning Center owner has explained to all parents, the rules, policy and regulations for the loading and unloading area. A parent has to bring children in one the sidewalk up the steps of the front entrance door. You may also bring children through the back entrance. Turn right around playground and stop before entering back out the gate. You may knock or ring the doorbell for assistance in using the back entrance. Parents are not allowed to enter. All children must be accompanied by an adult. We will not be responsible for any accidents of any kind that might occur during our operating or closing hours. Please do not block driveway.

Parent's Signature _____ Date _____

Owner/Director _____ Date _____

Witness _____ Date _____

Picture Release Form

I hereby give Wee smile's learning center permission to take pictures of my child/ children and use them in publications for Wee smile learning center.

Parents/guardian Signature

Child's Name

If you have any questions please contact Mrs. Lampley, Wee smile learning center at (334)566-0826

WEE'SMILE @ LAMPLEY'S LEARNING CENTR
1202 PARK STREET TROY AL 36081

I _____ AGREE TO DROP MY
CHILD/ CHILDREN _____
ARRIVAL TIME _____ AM/ PM.
DEPARTURE TIME _____ AM/ PM. I UNDER
STAND MY WORK / SCHOOL SCHEDULE MAY
VARIES. IF SO THE OWNER/DIRECTOR HAS
DISCUSS MY SCHEDULE AN I FULLY UNDER
STAND THE RULES AND REGULATION. FAILURE
TO COMPLY WITH THE RULES WEESMILE WILL
GIVE A VERBAL, WRITTEN AND THEN YOUR
CHILD WILL BE TERMANITED FROM WEE'SMILE
LAMPLEY'S LEARNING CENTER.

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

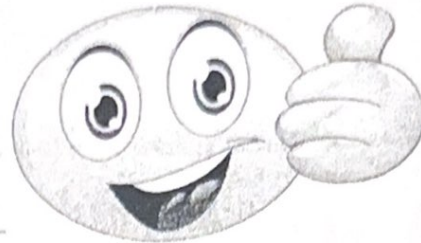
FRIDAY _____

SIGNATURE: _____

DATE: _____

PROVIDER *Yoraine Lamply*

DATE: _____



ATTENTION WEE'SMILE PARENTS!!!

1. DO NOT block the driveway AT ALL! We must get the children in and out in a timely manner, and some of you are taking advantage of that! Either park on the side or wait, we try to avoid traffic in the media. NEVER PARK in the middle of the driveway, so that way parents can come in and out.
2. PLEASE download the "GroupMe App" if you have not done so. I will send out all updates including messages, weather updates, closing information, activities, etc. through the app!! You will not know any updates if you choose not to. I am working on the bright wheel app so you can receive more information about your child daily.
3. If you are late picking up it is \$2.00 per minute, per child after 4:30pm. **For example, if you have one child and you pick up at 4:33pm, you will owe \$6 at pick up or drop off. If not paid the same or next day, there will be no drop off.**
4. If you are on the Family Guidance program, fees should be paid monthly instead of weekly. Only pay your part, which is due every 1st Monday of the month. Check to see how many weeks are in that month to calculate your fee. **For example, my rate is \$145.00 weekly, if family guidance is paying \$128.00 of it, you pay \$17 times (\$145.00 minus \$128.00), however many weeks are in that month! \$17 x 5= \$85 will be your fee due. I mostly accept the cash App. This helps me keep up with and who have not paid. My cash App is \$lorrainelampley I hope this makes sense if not, please do not hesitate to call 334-482-3023 or 334-482-3130 (my daughter) Shaniya Lampley**
5. Please use the back door between 11:00am-1:30pm. The kids are napping during that time, and ringing the doorbell will wake them. ☹
6. Sign and return so I know you have read and understand this message. Please keep a copy of this so you will know.
(Sign name here) _____