



**SCHOOL YEAR 2017-2018
RE-REGISTRATION PACKET**
(Current Parents Only)

Parent/Guardian Acknowledgement
Of
Receipt of Parent Manual

I have received Themba Creative Learning Center LLC, Parent Manual and I have agreed to read, abide by, and follow the policies set forth therein.

Children Transport to and from evacuation sites in case of emergency:

In case of an emergency, I give Themba permission to transport my child in personal vehicles to and from our designated evacuation site. I therefore acknowledge that I have received and read Themba's Emergency Preparedness Plan.

Yes ___ No ___

If no, how would you like your child transported?

Additionally, I would like to volunteer by helping with transporting children to the evaluation site during emergencies.

Yes ___

No ___

If yes, kindly provide us with your best reachable contact number

() _____ - _____ | (type) Cell ___ Home ___ Work ___

Email Address _____

Signature of Parent(s)/Guardian(s)

Print Name

Date

2017-2018 Children Supply list

INFANTS

- ✓ 3 sets of clothing
- ✓ 5 extra onesies and undershirts for accidents
- ✓ 5 pair of socks
- ✓ 2 portable crib sheets (**birth-11months**) you can purchase at K-Mart
- ✓ 2 infant size standard crib sheets (**11 months-18months**)
- ✓ Pampers - we provide
- ✓ Baby food/ milk formula please prepare at home
- ✓ 1 bin (to store clothes, and pampers)
- ✓ Small picture of your child and a Family Picture
- ✓ 5 Bibs
- ✓ 5 Burping cloths
- ✓ 2 Pacifiers with a holder
- ✓ Wipes-we provide
- ✓ 2 boxes of tissues
- ✓ **NO GLASS BOTTLES or CONTAINERS**

** We provide milk for babies who drink whole milk Parents must make the child's crib on Mondays

TWOS/TODDLERS

- ✓ 3 sets of clothing
- ✓ 3 pair of socks
- ✓ 2 fitted crib sheets
- ✓ 1 blanket
- ✓ Pampers - we provide
- ✓ 2 boxes of large Crayons (Two's only) with crayon box
- ✓ 1 paint smock or over sized shirt
- ✓ 1 small picture of your child and a family picture
- ✓ 2 boxes of tissues
- ✓ Wipes-we provide
- ✓ Glue Sticks
- ✓ Closed toe shoes only no flip flops
- ✓ **NO GLASS BOTTLES or CONTAINERS**

No Belts
No Onesies (Including undershirts) No Overalls



Please label all of your child's belongings.
THIS IS A MUST!!



2017-2018 Children Supply list

THREES/FOURS

- ✓ 3 sets of clothing please include underclothes
- ✓ 1 small blanket and 2 crib sheets
- ✓ 2 boxes of **large** Crayons and crayon box
- ✓ 1 paint smock or over sized shirt
- ✓ 1 small picture of your child and family members
- ✓ 2 boxes of tissues
- ✓ Closed toe black shoes only no flip flops
- ✓ Glue sticks
- ✓ Large Beginners Pencils (Ticonderoga)
- ✓ 1 pair of Child Scissors
- ✓ 2 folders –2 composition notebooks
- ✓ 1 pack of facial wipes
- ✓ 1 pack of flushable wipes
- ✓ Reusable Water Bottle
- ✓ Pull ups if child isn't potty trained-

BEFORE & AFTER

- ✓ 2 Boxes of tissues
 - ✓ 2 Folders
 - ✓ 2-composition notebooks
 - ✓ 1 Small picture of your child and family members
 - ✓ Closed toe shoes only no flip-flops
 - ✓ A Reusable Water Bottle
 - ✓ Crayon box
- NO GLASS BOTTLES OR CONTAINERS



Please label all of your child's belongings.

THIS IS A MUST!!



Themba Creative Learning Center LLC. RE-ENROLLMENT AGREEMENT

TO THE PARENT: Please read this Agreement carefully. If you do not understand any part of it, feel free to ask the Center Director about it. This Agreement and its attachments establish your legal rights and responsibilities, and those of Themba CLC, regarding your child's participation at Themba CLC. Throughout this Agreement and attachments, the terms "you" and "parent" refer to the parents or legal guardians of the child enrolled at the Center, and the terms "Center" and "we" refer to Themba CLC and its staff members. The term "school day" means a day when the Center is open and operating.

By executing this Agreement, You _____, agree to re-enroll your child, _____ at THEMBA CLC, and THEMBA CLC agrees to accept your child's re-enrollment under the terms and conditions as stated below:

1. Program and Hours of Care.

Beginning on _____, 20____, the Center will provide care for your child at THEMBA CLC in the _____, classroom with the following schedule:

_____ Full-time: Weekdays from _____ a.m. until _____ p.m.
_____ Part-time: Only Threes/fours Circled days: Mon. | Tues. | Wed. | Thurs. | Fri.

Note: Children can only be in school for a maximum of 10 hours a day _____(initial).

There will be an additional \$25 fee per week if the parent needs more than \$10hrs of care or a late fee we be applied if parent goes over contractual agreement as outlined in the late fee policy. _____initial

Please circle the hours of care needed 6:30-4:30 7:00-5:00 7:30-5:30 8:00-6:00

8:30-6:30 Other _____ initial _____ director's initial _____

2. Payment.

a. Re registration Fee. A non-refundable Registration Fee of \$50 for a single child and \$30 for each additional child is due and payable on the date your child's re-enrollment Application is returned. Payment of this fee will place your child on the waiting list if no space is available at the time you apply. Registration is renewed annually by June 1 for September enrollment.

b. Re-enrollment Deposit. Upon executing this Agreement, you have paid an Enrollment Deposit of \$ N/A _____. This Enrollment Deposit will serve as security for the performance of your obligations under this Agreement, including non-payment of tuition, late fees, damage, or other charges. If you terminate this Agreement with at least one month's written notice, your Enrollment Deposit may be credited to your last month's tuition. Themba only credits the last month's tuition. Credits are not transferrable to any other accounts. If you do not give at least one month's written notice of termination of enrollment, or if you fail to begin enrollment within 30-days of agreed upon time, this Enrollment Deposit will be forfeited in full.

c. Tuition. Tuition for your child will be \$ _____ per _____. **Weekly tuition is due each Friday before noon. Monthly tuition is due on the first school day of each month. Part-time tuition is due the first day of your child's enrollment schedule (Monday-Wednesday-Friday or Tuesday-Thursday). Weekly tuition is late and is subject to a late fee of \$10.00 per day on Monday at noon. Monthly tuition is late on the second school day of the month at noon and is subject to a late fee of \$10.00 per day until paid.**

d. Coupon Credit. You will receive a credit of \$ _____ per _____ for a coupon or special enrollment rate until _____ (date). Prior to that date, your tuition will be \$ _____ per _____. After that date, your tuition will be as stated above. Coupon credit will only be allowed if all tuition payments are made on time.

3. Method of Payment.

All tuition payments are made through our automated payment processing, **Tuition Express (See forms Attached)**. Your payment processing may be setup through credit card or bank draft. No other payment methods are accepted. If any automated payment is returned unpaid, you will owe a service fee of \$35.00 in addition to other amounts due.

4. Late Fees, Suspension, and Termination for Late Payment.

A late fee of **\$10.00 per school day** will be charged everyday by noon if your week's tuition is not paid by the due date as required in the enrollment agreement. The due date for tuition is **Friday**. Your grace period is **Monday by noon**. If the Center has not received your tuition by the due date for your weekly tuition (or by the fifth calendar day of the month for monthly tuition), the Center may refuse to admit your child to the Center until you pay the amount due. The Center also reserves the right to terminate your child's enrollment for non-payment. You hereby agree that, if Themba CLC, has to take collection action to collect unpaid fees, you will be responsible for all accrued late charges until the date collected, and for reasonable collection costs, including attorney's fees. _____initial

5. Late Pick-Up Penalties.

If your child is picked up after the scheduled closing time of 6:30pm, you will owe a late fee of \$15.00 for up to the first 5 minutes and \$1.00 for each additional minute. These late pick-up penalties must be paid immediately to the office in cash. If your child is picked up more than thirty (30) minutes late two (2) or more times in any thirty (30)-day period, the Center may terminate your child's enrollment. _____initial

6. Damage to Center Property.

You hereby agree that you will be responsible for any damage to Center property or equipment caused by you or your child, nor-

mal wear and tear excepted, including repairs made necessary by your actions or your child's actions.

7. Changes in Tuition.

You understand that tuition rates are subject to change, and you agree that you will pay the new rate after the Center gives you at least thirty (30) days notice of such change.

Parent's Signature _____

Absences.

You are responsible for paying full tuition for your child until you terminate the enrollment, even if your child is absent due to illness, vacation, or other causes. You agree to notify the Center in writing at least one month in advance if your child will not attend due to vacation or other plans. _____ initial

8. Readmission After Illness.

State licensing regulations require that, if your child has been ill, he or she may not be readmitted to the Center until he or she is free of symptoms for 24 hours without any fever reducing medications. You hereby agree to abide by this requirement and agree that the decision of the Center Director shall govern such a readmission. _____ initial

9. Holidays and Other Closings.

The Center will be closed on the following holidays: New Year's Day, Martin Luther King, Jr.'s Birthday, Columbus Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and the day after, Christmas Eve and Christmas Day. If any holiday falls on a Saturday or Sunday, Themba may be closed on the following Monday. Themba is also closed 2-3 days per year for staff professional development. Tuition is due in full for these days. _____ initial

** Themba is not a religious school; therefore Themba doesn't single out any one religious holiday to celebrate in our classrooms in order to show respect for other religious holidays that may be celebrated by our families. _____ initial

10. Inclement/Emergency Closings

Sometimes Themba must close because of emergencies or inclement weather. When you are not sure about the closing of the center, please call the office by 5:30am or check our website, www.thembaclc.com for updates. Themba will also send out an alert by email and or text. Tuition fees are still due during emergency and/or inclement weather closings. Refunds or credits will not be given.

11. Suspension.

In the judgment of the Center Director, or designate, if the child's behavior threatens the physical or mental health of other children or of the staff of the Center, the Center Director or designate will call the parent(s) or guardian(s) to remove the child for the rest of the day. THEMBA requires that the child be picked-up within the hour of being notified. Parent or guardian shall continue to be responsible for the daily tuition for that day.

12. Withdrawal by Parent.

You must give the Center Director at least one month's notice in writing if you wish to withdraw your child from the Center. If you give such notice and if an enrollment deposit was received during enrollment, you may use your such Deposit as a credit against your last month's tuition. If you do not give such notice, and a deposit was not received at enrollment, you will still be responsible for your entire last 30-days tuition.. If you do not give such notice, your entire Enrollment Deposit and any prepaid tuition will be forfeited. _____ initial

13. Termination by Center.

a. Immediate. The Center may terminate your child's enrollment in the Center, effective immediately, if any of the following conditions arise:

(1) In the judgment of the Center Director, the child's behavior or the parent's behavior in the Center threatens the physical or mental health of other children or of the staff of the Center;

(2) Tuition is not paid on or before the fifth calendar day of the month if tuition is paid monthly, or by Wednesday at noon if tuition is paid weekly;

(3) The child is routinely picked up later than the Center closing time or more than thirty (30) minutes late two (2) or more times in a one month period.

(4) The child is ill when brought to the Center more than three (3) times within any thirty (30)-day period, or the parent fails to pick up a sick child within one hour after being notified of the sickness more than two (2) times during any six (6) month period.

If enrollment is terminated because of any of the above conditions, the Enrollment Deposit will not be refunded, and may not be used as a credit against unpaid tuition, and any prepaid tuition will be forfeited. _____ initial

b. Two Weeks' Notice. The Center may terminate your child's enrollment upon two (2) weeks' notice to you if any of the following conditions arise:

(1) Any of the conditions listed in (a) above has occurred, and the Center has not exercised its right to terminate enrollment

immediately;

- (2) In the judgment of the Center Director, the Center's program does not meet the developmental or special needs of your child.
- (3) You fail to provide necessary items, such as cot sheets, diapers, lunches, etc., as described in the Parent Handbook;
- (4) You fail to abide by the terms of this Agreement. _____ initial

If your enrollment is terminated under this section (b) for reasons other than non-payment of tuition, you will be allowed to use your Enrollment Deposit as a credit toward your tuition. If your enrollment is terminated for non-payment of tuition, your entire Enrollment Deposit and any prepaid tuition will be forfeited.

14. Additional POLICIES!!!

No Cell Phone Zone For All

Themba is a no cell phone zone, Parents please refrain from using your cell phone at Themba during pick up and drop off. Teachers have very limited times to communicate with you, so please be available to chat with them at these times. _____ initial

NO Hair Beads

NO Hair Beads Policy- Due to the number of beads that are found on the floor and in children's mouths and even noses, we have been forced to implement a NO HAIR BEADS policy for the daycare center. Please do not put beads in your child's hair. If they come to school with beads in their hair we will remove them. They pose a serious danger to all children in the center. _____ initial
(Before/After Care Students are Exempt from this policy).

Children maximum number of hours at Themba is 10 hours _____ initial

10 HR Rule

Children are only allowed a maximum number of 10 hours at Themba, I understand that I will be charged an additional \$25.00 per week if my child stays over 10hrs per day or pay a late fee as outlined in the registration package _____ initial

Safety

For Safety reasons, please do not hold the front door open for anyone. Every parent must use his or her code to enter the building. If the person doesn't have a code, please allow them to ring the doorbell and show ID _____ initial

Parking

Please do not park or stand in the fire lane or in the circle. All cars must be parked in a parking space. _____ initial

No Admittance after 10:00am/Shots

Children will not be admitted after 10:00am without a doctor's note. If a child was administered shots during the doctor's visit, the child may not return to school due to complications from the shots and fever like symptoms associated with the medicine.
_____ initial

(No child will be admitted during nap time between 1pm-3pm, we highly recommend parents to schedule doctor's appointments during the early morning hours) _____ initial

A. Field Trip Participation.

You acknowledge and agree that the Center's regular program includes field trips and other off-premises activities that involve transporting the children on public transportation, in chartered vehicles, or in vehicles that are driven by **THEMBA CLC** staff and parent volunteers. You will be asked to sign a separate Field Trip Permission Form for each excursion. **You acknowledge and agree that no alternate care may be available at the Center in case you do not wish your child to attend such field trip or field trips, and that no tuition refund will be given in such case.**

Each parent **must** participate in and attend one field trip per year with their child(ren). _____

If the Center Director or Senior Staff determines that the child needs individual attention, the parent(s) may be requested to attend the field trip with the child, or the child may not be allowed to participate. No alternate care will be provided in this case.

B. Publicity and Outside Consultants.

Do you grant permission for your child to be photographed or captured via digital imagery, video taped, for publicity or news purposes or interviewed by outside consultants for Print, Web and Social Media marketing and educational purposes? _____ YES

_____ NO

C. Liability Release.

THEMBA CLC maintains an insurance policy to cover its liability for injuries, losses, and damage that may occur to your child, your child's property, or your property caused by fire, theft, storm, or other causes. Acting on behalf of yourself and your child, you hereby waive and agree to release any claims that you, your child, or your child's heirs and successors may have against **THEMBA CLC**, or any successor corporation, or against any officer, shareholder, employee, or agent of **THEMBA CLC**, or any successor corporation, for any and all injuries, losses, and damage to your child, your child's personal property, and your personal property to the extent that those injuries, losses, and damage are not covered by the insurance policy maintained by **THEMBA CLC**, or any successor corporation, or to the extent that the monetary amount of such injuries, losses, or damage exceed any amount payable under such insurance policies. You agree to be responsible for and hold harmless **THEMBA CLC**, any successor corporation, and any of the officers, shareholders, or directors of **THEMBA CLC**, or any successor corporation from and against any and all claims, suits, judgments, or costs that may be brought against **THEMBA CLC**, any successor corporation, its officers, employees, shareholders, or agents of **THEMBA CLC**, for the actual or alleged acts or omissions of you or your child(ren).

D. Certification That All Information Is Correct.

The following attachments form a part of this Enrollment Agreement. You hereby certify that you have accurately completed all the forms listed below, and that you have read and agree to abide by all provisions of the Parent Handbook. You agree to notify **Themba** if there is any change in the information you have supplied on the forms listed below:

- a. Deposit Acknowledgment/Receipt
- b. Developmental History Form
- c. Pick-Up Release Form
- d. Custody Information Form (if applicable)
- e. Emergency Information Cards (2)
- f. Authorization to Treat a Minor Form (notarized)
- g. Child Health Inventory and Immunization Record.
- h. Receipt of Parent Manual
- i. Government Issued ID
- j. Tuition Express Form
- K. Meal Plan Application

E. Severability/Unenforced Terms Not Waived.

If any term of this Agreement is declared invalid or unenforceable, it will be severed and all other terms will remain effective, and they will be construed as though the invalid or unenforceable term did not exist. If **Themba CLC**, elects not to require that you comply with any term of this Agreement, **Themba CLC**, will not be deemed to have waived its right to demand compliance with said term at a later time.

AGREED TO

Parent's or Guardian's Signature _____ Date _____

Parent's or Guardian's Signature _____ Date _____

Center Director's\Assistant Director's Signature _____ Date _____

EMERGENCY FORM

Check the meal(s) that your child receives: BF __ AM __ LUN __ PM __ SUP __

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
(2) If your child has a medical condition, which might require emergency medical care. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name Last First Birth Date

Enrollment Date Hours & Days of Expected Attendance

Child's Home Address Street/Apt.# City State Zip Code

Table with 3 columns: Parent/Guardian Name(s), Relationship, Phone Number(s). Includes sub-headers for Place of Employment, C, H, and W.

Dad's Email Mom's Email

Name of Person Authorized to Pick Up Child (daily) Last First Relationship to Child

Address Street/Apt.# City State Zip Code

Any Changes/Additional Information

ANNUAL UPDATES (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name Last First Telephone (H) (W)

Address Street/Apt.# City State Zip Code

2. Name Last First Telephone (H) (W)

Address Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care Telephone

Address Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the childcare facility to have your child transported to that hospital.

Signature of Parent/Guardian Date

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s), which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____)_____
Telephone Number