

Registration Form - School Year 2021-2022

Welcome to Little Farmers! Please note the following scheduling requirements. If your child is three years old, there is a two half-day minimum. After three months of enrollment, one of those days will become a full day. You can register for more than just the minimum if you feel that your child will do well! If your child is four or five years old, there is a three full-day minimum.

Child's Full Name: _____ Child's Birthdate: _____ Age at Start of Program: ____

Full Day Program:

Monday-Thursday 8:00-4:00 (\$52/day), Fridays 8:00-2:00 (\$43/day)

Even though we only operate until 2:00 on Fridays, you may still use Fridays as a full day to meet age scheduling requirements

Half Day Program:

Monday-Friday 8:00-12:00 (\$35/day)

Please select the days you would like for your child's schedule below.

Monday	Half Day (8:00-12:00) __	Full Day (8:00-4:00) __
Tuesday	Half Day (8:00-12:00) __	Full Day (8:00-4:00) __
Wednesday	Half Day (8:00-12:00) __	Full Day (8:00-4:00) __
Thursday	Half Day (8:00-12:00) __	Full Day (8:00-4:00) __
Friday	Half Day (8:00-12:00) __	Full Day (8:00-2:00) __

If your child is starting as a three-year-old, please state which one of their half days will become a full day after three months of enrollment if you're selecting the minimum program requirements: _____

If your child turns four years old mid-school year, please state which day(s) you would like to add to their schedule if you're selecting the minimum program requirements: _____ Please note that when your child turns four, all three days will be full days.

Registration Fee: For new and re-enrolling students, Parents or Guardians agree to pay a \$75 non-refundable annual registration fee. Checks should be made out to "Little Farmers". Registration fees are not applied towards tuition.

Check # _____ OR Check here if paying with cash _____

Parent/Guardian Name: _____

Email Address: _____

Phone Number: _____

In order to secure your child's spot, we'll need this registration form, a signed enrollment contract and deposit. Please make a copy of this form for your records.



I wish to enroll my child _____, in Little Farmers Child Care Center (LFCCC) for the academic year 2021-2022. I understand and agree to abide by the following school policies.

1. Enrollment in the Program – Parents or Guardians agree that the child shall be enrolled in this Preschool Program for the school year 2021-2022. The child will have a set schedule of days that the parent has selected on the Registration Form.

2. Non-refundable Registration Fee - For new and re-enrolling students, Parents or Guardians agree to pay a \$75 non-refundable annual registration fee. Payment of the Registration Fee is due at the time this Enrollment Contract is received by LFCCC and does not guarantee Enrollment at LFCCC. Confirmation of acceptance into the program will be communicated via email within one week of receiving this contract.

3. Tuition Payments: Parents or Guardians agree to pay for tuition prior to their child’s attendance via cash, check or Bill Pay. We send invoices monthly and you are expected to make a payment in full at the beginning of each month. We can set up a weekly payment plan as needed. Please visit the Parent Handbook for more information regarding payment.

Parents or Guardians pay for the child’s spot in this program regardless of illness, vacation, snow days, personal reasons, and the center’s days of holiday closures. **All families enrolled** agree to pay a \$40 fee for days of Holiday closure. Please note the following days of closure that you will be responsible for: 9/6, 11/25, 11/26, 12/24, 12/27-12/31, 5/30. We are going to factor the total amount of holiday closure fees divided by our ten-month school year into your monthly bill so that it is paid over time, rather than in one chunk. If you withdraw from the program early, your remaining balance for holiday closure will be added to your bill that will be paid at the time of the fourteen-day notice.

Families who are enrolled full time (4 full days per week) will only pay half of their normal tuition during 12/27-12/31. Full time also families also receive 5 “free days” during the school year. These free days exclude holiday closure, snow days and sick days. A three week notice in writing must be given to use the free days.

COVID Closure – Families agree to pay 50% of tuition during a time of closure due to a case of COVID. We resort to using “Zoom School” during the closure. Please find more information regarding your financial responsibility in the Parent Handbook. If you have to quarantine from an affected state, you are responsible for tuition during that time (we will allow make up days for your child’s missed time).

4. Early Withdrawal. Termination of Contract.

a. Early Withdrawal from program: Early withdrawal of the Student from LFCCC program requires written notification with a fourteen-day advance notice. All tuition payments must be paid in full at the time of the notice, this includes the remaining fourteen days that the child will be in attendance.

b. Termination: LFCCC reserves the right to terminate this Enrollment Contract and dis-enroll Students from LFCCC programs with or without notice. Parents or Guardians agree and understand that termination of this Enrollment Contract and disenrollment of the Student from LFCCC’s programs does not change the payment provisions set forth above. Parents or Guardians may be asked to withdraw the Student if LFCCC determines, in its sole discretion, that the program is not meeting the Student’s needs or that the Student’s presence is having an adverse effect on the program.

5. Field Trip Consent - During the course of the day, children will walk next door to the Sharon Family Farm (the adjacent property). Children will remain supervised by their assigned teacher and we will comply with state ratio regulations while at the farm. By signing below, you give us your permission to transport your child via our school bus to the farm (weather pending) and allow your child to visit the farm at any time during school hours.

Parent/Guardian Signature _____ Date _____

Director’s Signature _____ Date _____

Little Farmers Child Care Center Registration Packet

Staple/Glue a picture of your child here.

Child's Information

Child's Full Name: _____

Date of Birth: _____

Home Address: _____

Town/State/Zip Code: _____

Date of Admission: _____

Parent/Guardian Information

Full Name: _____

Home Address: _____ Town/City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Work Phone Number: _____

Second Phone Number to reach you at if not employed: _____

Email Address: _____

Marital Status: _____ Relationship to Child: _____

Parent/Guardian Information

Full Name: _____

Home Address: _____ Town/City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____ Work Phone Number: _____

Second Phone Number to reach you at if not employed: _____

Email Address: _____

Marital Status: _____ Relationship to Child: _____

Child's Physician Office: _____

Child's Physician: _____

Office Address: _____ **Phone #:** _____

Photo Release (Initial your preference):

____ I grant Little Farmers Child Care Center my permission to use my child's picture on Facebook, their website, displays throughout the center or on newsletters.

____ I **do not** grant Little Farmers Child Care Center permission to use my child's picture for any purpose.

Pick Up Personnel Form

We use a security system for attendance and check/out procedures. Please follow the directions below to create your account. Using a computer will best assist you in completing the account.

1. Go to www.go.kidcheck.com and click on “Create Your KidCheck Account”
2. Under the “Guardians” tab, please add any people allowed to pick up your child. Please also include yourself and the second guardian. You will not pop up on the pickup list if you do not add yourself here. You should also have yourself listed under the “My Profile” Tab. You should include everyone’s first name, last name and phone number.
3. Next, go to the “Kids” tab and please fill in their first name, last name, birthdate, gender and a picture. Please leave the “Medical/Allergy” info box completely empty if your child does not require medication or have allergies.
4. Download the KidCheck application on your phone. Upon arrival, you’ll sign your child in by entering your phone number into our iPad (or a staff member will). It’s best that you do not create a pin for your account.
Anyone picking up can download the app if they want, but please only have ONE person create an account
You can Enable Text Messages to get notifications when your child is check in/out

Please list the individuals who are allowed to pick up your child from our center. Whoever is listed on the first page of this registration packet under parent/guardian are already on our pickup list – you do not need to write your names again below.

Pick Up Person:

Full Name: _____

Phone Number: _____

Relationship to Child: _____

Pick Up Person:

Full Name: _____

Phone Number: _____

Relationship to Child: _____

Pick Up Person:

Full Name: _____

Phone Number: _____

Relationship to Child: _____

Pick Up Person:

Full Name: _____

Phone Number: _____

Relationship to Child: _____

In case of an emergency or late pick up, I give my permission to Little Farmers Child Care Center to contact any of the above individuals.

Parent/Guardian Signature: _____ Date: _____

Emergency Consent and Allergy Form

Little Farmers Child Care Center has my permission to obtain emergency medical treatment for my child when I cannot be reached or if a delay in reaching my child would be dangerous for him/her. I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while she was in Little Farmers Child Care Center's care.

Parent/Guardian Signature: _____ Date: _____

Please review our Emergency Policies in our Parent Handbook. Should we need to provide emergency care to your child, the medical staff will receive this form upon their arrival so that the hospital knows your child's allergies and medications. An ambulance would bring your child to the closest hospital with CCMC being the preference of care.

Please list below all of your child's allergens and the severity of each. (Please list all allergies whether they are food, environmental, or allergies to medications):

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any medications your child takes, the dosage and duration in which it's taken.

1. _____
2. _____
3. _____
4. _____
5. _____

If your child requires medication you will need to request the Authorization of Medication Form and the Care plan Form.

Please print and staple or glue a picture of the front and back of your child's insurance card below.

Front of Insurance Card

Back of Insurance Card

Financial Management Plan

Please note the following scheduling requirements. If your child is three years old, there is a two half-day minimum. After three months of enrollment, one of those days will become a full day. You can register for more than just the minimum if you feel that your child will do well! If your child is four or five years old, there is a three full-day minimum.

Full Day Program:

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Registration Fee: For new and re-enrolling students, Parents or Guardians agree to pay a \$75 non-refundable annual registration fee. Checks should be made out to “Little Farmers”. Registration fees are not applied towards tuition.

By signing this form, you understand that you are financially responsible for all tuition fees aligned with the schedule you have selected for your child. You understand that there must be a minimum of a 30 day notice in writing in order to make any changes to your child’s schedule should you need to deduct days (school year only). You may add days to your child’s schedule based on our availability at any time.

Withdrawal Policy: If you need to withdraw your child from the program, you must give us a written two-week notice. You are responsible for the tuition due up until that two-week mark.

Please outline below whom is responsible for payment of tuition and fees. Please tell the director if there will be split tuition payments or if the tuition payment is the responsibility of an adult other than the parents/guardians. Tuition is always due prior to attendance. Payments may be made weekly, biweekly or monthly via check or cash. Checks are made out to “Little Farmers”. You could also set us up as a Bill Pay with your online banking so that checks are mailed directly from your bank.

Name & Email Addresses for Invoicing

Parent Agreement:

I agree to comply with the above policies and will pay my child’s tuition prior to attendance.

Parent Signature

Date

Parent Consent Form

Please initial next to each item.

COVID Acknowledgements

_____ I have read through all of the policies pertaining to children and teachers becoming ill and agree that I understand each item.

_____ I have thoroughly read through the COVID guidelines and understand the sanitation procedures that have put into place.

_____ I agree to wear a face covering during pick up and drop off. I will also communicate with anyone else picking up my child that they comply with wearing a mask during these times as well.

_____ I understand what I am financially responsible for should the center need to close due to COVID.

_____ I agree to not hold Little Farmers Child Care Center responsible if my child contracts COVID or any other illness during their time at school.

Financial Acknowledgements

_____ I agree to always pay tuition prior to my child's attendance.

_____ I understand what I am financially responsible for in terms of days of center closure as well as my child's absence due to illness.

Behavior Acknowledgement

_____ I have reviewed the behavior policies, how misbehavior is handled and the behavior incident report sections of the Parent Handbook and expressed any questions I may have regarding these policies with the director. I understand that my child may be released from the program at any time if the director feels the program is not a good fit for my child. I understand that this program involves live farm animals. I am confident that my child is able to comply with directions given by staff and will be capable of treating all of the animals nicely. I understand that if my child is unable to comply with the rules of the barn or have been found to be mistreating the animals in any way, they may be dismissed from the program upon the incident.

Liability Agreement

_____ By registering your child at Little Farmers Child Care Center (LFCCC), you agree not to hold LFCCC or Sharon Family Farm liable for any injury or illness your child may receive while at the farm. We take all of the precautions that we possibly can to ensure your child's safety and health. You agree that you understand our guidelines for farm sanitation and animal interactions. By initialing, you agree to assume any risk, take full responsibility and waive any claims of personal injury or illness while you or your child visit the Sharon Family Farm's barn.

Field Trip Consent

_____ By initialing, you are giving LFCCC consent to take your child to the Sharon Family Farm at any time during their scheduled time with us via our school bus.

I have carefully reviewed Little Farmers Child Care Center's Parent Handbook, Registration Information, and any other additional forms provided to me and agree to comply with all of the information I've been given. I also agree that the information that I have provided on the registration forms are filled out to the best of my knowledge and includes everything the center should know about my child. My spouse/significant other/ and any other party responsible for my child has also read through all of the information and also agrees to comply with the polices put into place.

Parent's Signature: _____

Date: _____



State of Connecticut Department of Education

Early Childhood Health Assessment Record

(For children ages birth – 5)



To Parent or Guardian: In order to provide the best experience, early childhood providers must understand your child’s health needs. This form requests information from you (Part I) which will be helpful to the health care provider when he or she completes the health evaluation (Part II). State law requires complete primary immunizations and a health assessment by a physician, an advanced practice registered nurse, a physician assistant, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to entering an early childhood program in Connecticut.

Please print

Child’s Name (Last, First, Middle)	Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone
Early Childhood Program (Name and Phone Number)	Race/Ethnicity <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Other	
Primary Health Care Provider:		
Name of Dentist:		
Health Insurance Company/Number* or Medicaid/Number*		
Does your child have health insurance?	Y N	If your child does not have health insurance, call 1-877-CT-HUSKY
Does your child have dental insurance?	Y N	
Does your child have HUSKY insurance?	Y N	

* If applicable

Part I — To be completed by parent/guardian.

Please answer these health history questions about your child before the physical examination.

Please circle **Y** if “yes” or **N** if “no.” Explain all “yes” answers in the space provided below.

Any health concerns	Y	N	Frequent ear infections	Y	N	Asthma treatment	Y	N
Allergies to food, bee stings, insects	Y	N	Any speech issues	Y	N	Seizure	Y	N
Allergies to medication	Y	N	Any problems with teeth	Y	N	Diabetes	Y	N
Any other allergies	Y	N	Has your child had a dental examination in the last 6 months	Y	N	Any heart problems	Y	N
Any daily/ongoing medications	Y	N				Emergency room visits	Y	N
Any problems with vision	Y	N	Very high or low activity level	Y	N	Any major illness or injury	Y	N
Uses contacts or glasses	Y	N	Weight concerns	Y	N	Any operations/surgeries	Y	N
Any hearing concerns	Y	N	Problems breathing or coughing	Y	N	Lead concerns/poisoning	Y	N
Developmental — Any concern about your child’s:						Sleeping concerns	Y	N
1. Physical development	Y	N	5. Ability to communicate needs	Y	N	High blood pressure	Y	N
2. Movement from one place to another	Y	N	6. Interaction with others	Y	N	Eating concerns	Y	N
			7. Behavior	Y	N	Toileting concerns	Y	N
3. Social development	Y	N	8. Ability to understand	Y	N	Birth to 3 services	Y	N
4. Emotional development	Y	N	9. Ability to use their hands	Y	N	Preschool Special Education	Y	N

Explain all “yes” answers or provide any additional information:

Have you talked with your child’s primary health care provider about any of the above concerns? Y N

Please list any **medications** your child will need to take during program hours:

*All medications taken in child care programs require a separate **Medication Authorization Form** signed by an authorized prescriber and parent/guardian.*

I give my consent for my child’s health care provider and early childhood provider or health/nurse consultant/coordinator to discuss the information on this form for confidential use in meeting my child’s health and educational needs in the early childhood program.

Signature of Parent/Guardian

Date

Child's Name: _____ Birth Date: _____

Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) _____

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP/DTaP/DT						
IPV/OPV						
MMR						
Measles						
Mumps						
Rubella						
Hib						
Hepatitis A						
Hepatitis B						
Varicella						
PCV* vaccine					*Pneumococcal conjugate vaccine	
Rotavirus						
MCV**					**Meningococcal conjugate vaccine	
Influenza						
Tdap/Td						

Disease history for varicella (chickenpox) _____	
(Date)	(Confirmed by)
Exemption: Religious _____ Medical: Permanent _____ † Temporary _____ Date _____	
‡Recertify Date _____ ‡Recertify Date _____ ‡Recertify Date _____	

Immunization Requirements for Connecticut Day Care, Family Day Care and Group Day Care Homes

Vaccines	Under 2 months of age	By 3 months of age	By 5 months of age	By 7 months of age	By 16 months of age	16-18 months of age	By 19 months of age	2 years of age (24-35 mos.)	3-5 years of age (36-59 mos.)
DTP/DTaP/DT	None	1 dose	2 doses	3 doses	3 doses	3 doses	4 doses	4 doses	4 doses
Polio	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
MMR	None	None	None	None	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹	1 dose after 1st birthday ¹
Hep B	None	1 dose	2 doses	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
HIB	None	1 dose	2 doses	2 or 3 doses depending on vaccine given ³	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴	1 booster dose after 1st birthday ⁴
Varicella	None	None	None	None	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}	1 dose after 1st birthday or prior history of disease ^{1,2}
Pneumococcal Conjugate Vaccine (PCV)	None	1 dose	2 doses	3 doses	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday	1 dose after 1st birthday
Hepatitis A	None	None	None	None	1 dose after 1st birthday ⁵	1 dose after 1st birthday ⁵	1 dose after 1st birthday ⁵	2 doses given 6 months apart ⁵	2 doses given 6 months apart ⁵
Influenza	None	None	None	1 or 2 doses	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶	1 or 2 doses ⁶

1. Laboratory confirmed immunity also acceptable
2. Physician diagnosis of disease
3. A complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of HbOC (ActHib or Pentacel)
4. As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose
5. Hepatitis A is required for all children born on or after January 1, 2009
6. Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

Initial/Signature of health care provider MD / DO / APRN / PA	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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Parent Checklist

These stay at the farm for the duration of the year

- ✔ **Overalls** – Overalls should be big enough to fit over the child's clothes and have room to grow throughout the year
- ✔ **Barn Boots** – Rainboots work best
- ✔ **Barn Gloves** – Fit to fingers

On a Daily Basis ...

Children should come with a backpack and a lunch box.

- ✔ **Full Day Children** – 2 Snacks, Lunch w/ Ice Pack
- ✔ **Half Day Children** – 1 Snack
- ✔ **Water Bottle** – Label Name
- ✔ **Two extra Changes of Clothes** – include socks and underwear

These stay at school for the duration of the school year

- ✔ **Pillow & Blanket** if your child is full time

When it *Snows*

- ✔ Snow Pants, Winter Jacket, Hat, Waterproof Gloves, Snow Boots

***Please take the time to label all of your child's belongings.**