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Child Registration Forms

**2023**

**Leap N Learn too! Child Care Center**

Leap N Learn Child Care Center is committed to partnering with families to provide care in a learning environment that is developmentally appropriate, nurturing and safe.

**Leap N Learn Too! Child Care Center**

**50 Beach Street**

**Saco, ME 04072**

**Tel. 207-283-2345**

**Fax 207-283-2308**

[**www.LeapNLearnChildcare.com**](http://www.LeapNLearnChildcare.com)

**Kellie@LeapNLearnchildcare.com**

Receipt of Parent Handbook

I have read and received the Leap N Learn Child Care Center Parent Handbook and agree

To abide by the policies and procedures contained within.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TUITIONS & PAYMENTS** Space is reserved for your child and therefore payment for your scheduled attendance will be charged if the child is absent or not. Enrollment at the center is limited based on teacher to child ratio and according to Health & Human Services Guidelines for the State of Maine.

**All payments and fee are nonrefundable.**

***Tuition payments are due in full the Friday previous to the dates the child will be attending the following week. A late payment fee will of $10 per day late will be added to tuition, if not paid on time. We have a payment prior to services policy, therefore, if a payment is not received a child will not be able to receive services until the balance is paid in full. Fees accrue until paid in full.***

***Two week notice is required if terminating care. Payments remain the same for the termination period and are required to be made on the previous Friday whether attending or not.***

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Attendance Policy

Space at Leap N Learn Child Care Center will be provided for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On the following days: (please circle)

Monday Tuesday Wednesday Thursday Friday

Earliest drop off time will be: \_\_\_\_\_\_\_ am Latest pick up time will be:\_\_\_\_\_\_\_\_\_\_ am/pm

Pickup after 5:30pm is subject to charge of $2 per minute to be paid prior to returning.

\*Tuition remains the same regardless of attendance. \*$4 per minute after the third late pick up

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tuition Rates**

Please contact manager for current prices

We offer sibling discounts for full time enrollments of 20% off the oldest child’s tuition (not to include Jr. Kindergarten). Please contact director for additional sibling discounts.

**A registration fee of $50 per child is due upon enrollment and annually on the first Friday of June.**

Beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_ tuition in the amount of \_\_\_\_\_\_\_\_ is due. This will be applied to the first week’s tuition. Tuition is due before **5:30pm each Friday** previous to the dates the child will be attending the following week. A **late fee of $10 per day** will be charged at 5:30 pm each day tuition is not received. **Tuition and late fees must be paid prior to attending the center.** Tuition will accrue including late fees until paid. Two week notice must be paid in accordance to our tuition policy and late fees will accrue if not paid on time. Two week notice payment will be owed regardless of attendance.

Tuition remains the same each week regardless of attendance. Tuition is **NOT** subject to change for sick days, scheduled closures, holidays, emergency closures (i.e weather), or absence. Our scheduled and unscheduled days are considered while calculating rates for our spaces. Absent and scheduled days off may not be made up without paying additional daily rate.

We do our best to accommodate additional days added to scheduled days, however, this is based availability and should not be counted on, as we do fill up spaces based on availability.

There is an insufficient fund fee of $35 per occurrence which must be paid along with tuition to bring account current. If insufficient funds occurs multiple times cash payments will be required each Friday.

**All payment and fees are non-refundable. Two week written paid notice is required when terminating care.**

Hours of operation 7am though 5:30pm, late fee of $2 per minute will be charged starting at 5:31pm. Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Record (please use separate form for each child)

Admission Date \_\_\_\_\_\_\_\_\_\_ Discharge Date \_\_\_\_\_\_\_\_\_\_\_

Name of Child:­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Information: Parent or Guardian Information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Cell Phone carrier (to receive texts alerts) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone carrier (to receive texts alerts)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parent or guardian cannot be reached by phone during the time the child is in care, how can he or she be reached?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, address, and telephone number of a person other than the parent to be contacted in case the parent cannot be reached in an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons Permitted to remove the child from the child care facility

Person’s listed below **will** berequired to show ID- please do not give personal door code to anyone

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*The facility must be notified by the parent or guardian or any changes to the above information as well as when regular transportation or pick-up methods will vary.

Medical Information

**\*\*\*We require all UPDATED immunization records to be kept on file please fax a copy to us directly. Scarborough 883-4323f, Saco 283-2308f**

Child’s Physician Information: Child’s Dentist Information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Medical Problems:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Special Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Tetanus Shot:

Please list here any significant factors concerning the child's health, emotions, or living situation that might influence the child's adjustment to this child care facility or that might be important to know when providing a nurturing and supportive environment for him or her.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permissions

I hereby give my consent, in the event of a medical emergency, for child care personnel to obtain whatever treatment may be deemed necessary for (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ born\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This authorization includes my consent for the above named child to receive treatment by a physician in any hospital emergency department.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Prescription Applications

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to Leap N Learn Child Care Center, to administer/apply Sunscreen, Bug Spray, Diaper Ointment, Lotions or other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which I provide for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Child’s name) Special Instructions by parent (required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians acknowledge that children, by their nature, are spontaneous, unaware of the consequences of their actions and may lack motor and/or emotional control. Parents/Guardians further acknowledge that the risk of harm is present whenever children play together.

**Acknowledgement**

I certify that my child has health insurance to cover bodily injury that may be caused or suffered while participating at Leap N Learn, LLC. activities and/or while on property, or else I agree to bear the costs of such injury or damage to my child.

I further certify that I am willing to assume and bear the risk the costs of all risks that may arise or be created, directly or indirectly, through or any such condition. Initial\_\_\_\_\_\_\_ Initial\_\_\_\_\_\_\_

By signing this, I acknowledge that Leap N Learn LLC does not provide Medical Insurance. Leap N Learn holds liability insurance for major incidents.

We require all children in our care to have medical insurance.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Insurance Policy Holders Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Photography Release Form Leap N Learn**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be photographed or recorded through while at Leap N Learn, LLC and any events that are associated with Leap N Learn, LLC. Only for the areas I have selected below:

\_\_\_\_\_ On social media, and webpage (Our Facebook page, website, etc.)

\_\_\_\_\_ For center use (posted in the school, newsletter, handbook etc.)

\_\_\_\_\_ For marketing uses (flyers, brochure etc.)

\_\_\_\_\_ **I do not wish for my child(ren) to be photographed at all while at Leap N Learn, LLC and any events associated with Leap N Learn, LLC.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Date

**Removal of Splinters/Ticks Release Form Leap N Learn**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for Leap N Learn LLC’s staff to:

\_\_\_\_\_ Remove splinters if needed

\_\_\_\_\_ Remove Ticks & save

\_\_\_\_\_ Remove Tick and do not save

\_\_\_\_\_ **I do not wish for my child(ren) to have ticks or splinters at all while at Leap N Learn, LLC**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Date

**Release of daily sheets being posted inside classroom**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for Leap N Learn LLC’s staff to hang daily reports on white board to keep records of diapers, feedings, ect. I understand my child’s DOB, first name & last initial will be posted on the board NO ADDITIONAL PERSONAL INFORMATION will be in view.

\_\_\_\_\_ Post daily sheets as needed

\_\_\_\_\_ **I do not wish for my child(ren) to have name posted inside classroom at Leap N Learn, LLC .**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Legal Guardian Date

As a reminder, we close for Federal Reserved Holidays. Our scheduled days off and unscheduled snow days are considered while calculation rates for full time and part time. The tuition remains the same each week consistently throughout the year.

**2023 Closed Dates**

New Year’s Observed – Monday January 2nd

Martin Luther King Jr. Day – Monday January 16th

Presidents Day – Monday, February 20th

Patriots’ Day – Monday, April 17th

Memorial Day – Monday, May 29th

Juneteenth Observed – Monday, June 19th

Independence Day – Monday July 3rd & 4th

Labor Day – Monday September 4th

Indigenous Peoples’ Day – Monday, October 9th

Trunk or Treat – Friday October 27th - Closing at 3:30 PM

Veterans Day – Friday, November 10th

Pre – Thanksgiving – Wednesday November 22nd – Closing at 1:00 PM

Thanksgiving – Thursday, November 23rd

Day after Thanksgiving – Friday November 24th

Christmas Observed – Monday December 25th

Day after Christmas – Tuesday December 26th

\*Tuition is paid in full on the last day of attendance of the previous week and remains the same for all closed dates.

Parents’ are responsible to provide the following items:

* Lunch
* **PLEASE NOTE WE ARE 100% PEANUT FREE** (no peanuts of any kind)
* Diapers (as a guide- we ask that every parent bring a pack of diapers each week as we change children every two hours and as needed in between) We do not share diapers.
* Wipes (if there is a wipe sensitivity)
* Formula, if needed
* Baby cereal & baby food, if needed
* Sippy Cups
* Baby Bottles (minimum of 3 per day)
* Diaper Ointment, to keep at center
* Sunscreen, to keep at center
* Bug spray, to keep at center
* Clothing: appropriate to weather, sun bonnets/baseball caps, rain jackets, winter boots, winter coats, hats, mittens, gloves, sweatshirt/light jackets. Each child is required to have minimum one set of clean clothing per child to change into.
* All parent-provided items should be labeled with child’s name and can be stored at the center.
* All parents must supply for each child weekly, clean crib sheets for nap mats, and blanket if desired. Clean bedding should be provided on Monday’s and will be sent home every Friday for exchange.