

Leap N Learn too! Child Care Center

Child Registration Forms

2019



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 Child Care Center
628 US Route One
Scarborough, ME 04074
Tel. 207-883-4123
Fax 207-283-2308

www.LeapNLearnChildcare.com
Admin@LNL.School

Leap N Learn Child Care Saco
50 Beach St
Saco, ME 04072
Tel. 207-283-2345
Fax 207-283-2308

www.LeapNLearnChildCare.com
Admin@LNL.School

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.

Signature _____ Date _____

Tuition Rates

Infants	Six weeks to 12 months (1 to 4 Ratio)	Toddler 1	12 months to 2 years (1 to 5 Ratio)	Toddler 2	2 years to 2.5 years (1 to 5 Ratio)
1 Day	\$165.00	1 Day	\$145.00	1 Day	\$125.00
2 Days	\$185.00	2 Days	\$165.00	2 Days	\$155.00
3 Days	\$195.00	3 Days	\$190.00	3 Days	\$185.00
4 Days	\$225.00	4 Days	\$210.00	4 Days	\$200.00
5 Days	\$245.00	5 Days	\$225.00	5 Days	\$215.00
Transition	2.5 years to 3.5 years (1 to 7 Ratio)	Preschool	3.5 years to 4 years (1 to 10 Ratio)	Pre-K	4 years to 5 years (1 to 10 Ratio)
1 Day	\$120.00	1 Day	\$115.00	1 Day	\$115.00
2 Days	\$150.00	2 Days	\$145.00	2 Days	\$145.00
3 Days	\$175.00	3 Days	\$175.00	3 Days	\$175.00
4 Days	\$195.00	4 Days	\$185.00	4 Days	\$185.00
5 Days	\$205.00	5 Days	\$200.00	5 Days	\$200.00
Jr. Kindergarten Half Days SACO			Jr. Kindergarten Full Days SACO		
5 Days Follows school calendar			5 Days Follows school calendar		
Additional Care available with two week notice & additional cost			Additional Care available with two week notice & additional cost		
8-11am OR 12:30-3:30pm	\$145.00 5 days	\$100 additional care cost	8am-3:30pm	\$245.00 5 Days	
Before/Afterschool SACO		\$20 per sch day/ \$50 unsch		\$100 per week	

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 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** be required 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:

Name: _____

Phone: _____

Address: _____

Child's Dentist Information:

Name: _____

Phone: _____

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)

_____ (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 Reserve Holidays. Our scheduled days off & unscheduled snow days are considered while calculating rates for full/part time space. The tuition remains the same each week consistently throughout the year regardless of attendance.

Closed Dates

New Year's Day

Martin Luther King

Presidents Day

Memorial Day

Independence Day

Day after Independence Day

Labor Day

Columbus Day-

Veteran's Day

Pre-Thanksgiving- Close at 1pm

Thanksgiving Day

Day after Thanksgiving

Christmas Eve

Christmas

New Year's Eve Close at 1pm

*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.