



Little Sprouts Preschool 1833 Sunset Place, Longmont, CO 80501
(303) 834-9078

Child Registration

Full Name: _____ Date of Birth: _____

Nick name(s): _____ Enrollment Date: _____

Home Address: _____

Parent/Guardian Contact Information

Full Name and Relationship _____

Place of Employment: _____

Work Address: _____

Cell #: _____ Work #: _____

Email: _____

Full Name and Relationship _____

Place of Employment: _____

Work Address: _____

Cell #: _____ Work #: _____

Email: _____

Is there any court orders and/or custody agreement in the household that LSP should be aware of in regards of parenting the child? Documentation must be provided. Please circle one: Y or N

If yes, please explain: _____

My signature below authorizes Little Sprouts Preschool personnel to give consent for any and all necessary emergency medical and first aid care for the child listed above while in LSP custody.

Parent/Guardian Signature: _____ Date: _____

For Annual Review:

Please initial and date if the above information is correct. A new form will be issued if information needs updated.



Emergency Contacts

Please allow one contact for each entry. You can add or subtract contacts on your Brightwheel app when needed. Anyone we do not recognize will be asked to show ID at the front desk before being allowed to pick up. Anyone not listed on Brightwheel as an approved pick up person, will not be allowed to check the child out. **We are required to have 3 complete contacts listed:**

Full Name and Relationship: _____

Phone #: _____

Address: _____

Pick Up Authorization: Yes _____ No _____

Full Name and Relationship: _____

Phone #: _____

Address: _____

Pick Up Authorization: Yes _____ No _____

Full Name and Relationship: _____

Phone #: _____

Address: _____

Pick Up Authorization: Yes _____ No _____

Full Name and Relationship: _____

Phone #: _____

Address: _____

Pick Up Authorization: Yes _____ No _____

Full Name and Relationship: _____

Phone #: _____

Address: _____

Pick Up Authorization: Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____

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Enrollment Agreement

Child's name: _____

Child's Age: _____

Child's Date of Birth: _____ Child's Gender: _____

1. Parent/Guardian's Name: _____ Phone Number: _____

2. Parent/Guardian's Name: _____ Phone Number: _____

Enrollment Date: _____ Days of the Week (circle): M T W Th F Full Time/Part Time

Tuition, Additional Fees, Policies and Procedures (please initial each section and sign the last page)

____ Registration fees will be due upon enrollment and annually every August to ensure your child's continued attendance through Little Sprouts Preschool programs. Registration fee is \$125 for individual and \$175 for family.

____ Tuition is due on your child's first day of attendance for the week/month. Tuition rates are subject to change with reasonable notice. Tuition is due in full whether your child attends or not.

____ Payment of tuition is to be made online through Brightwheel. Payments are to be automatically drafted.

Credit cards have an additional fee of 3% of the tuition payment. Debit cards and ACH draft are acceptable forms of payment. No cash payments will be allowed.

____ **Late Payments:** Tuition is considered late if it has not been received on or prior to your child's first day of attendance. A late payment fee will be assessed to your account in the amount of \$25 if tuition is not received by the 3rd business day. (Unless arrangements have been made with the owner, Vicki Athmann, in advance). All tuition and fees must be paid to avoid an interruption in care.

____ **Unpaid Tuition:** If tuition and fees are not paid by close of business on Wednesday, your child will not be able to attend until tuition and fees are paid. If it happens 3 times, your child may be disenrolled from the center.

____ **Collections:** If tuition and fees are not paid prior to disenrollment from the center for any reason, your account will be turned over to a collection agency. We will make every effort to work with you to come to a satisfactory conclusion prior to sending an account to collections. In the event of a default payment, you agree to pay, whether legal proceedings are instituted, a collection fee of up to 50% of the principal balance of any debt incurred hereunder and to pay all attorney fees, filing fees, service fees, and court costs as a result of your default.

____ **Charges and Procedures for Late Pickup:** Little Sprouts Preschool is open from 7:30 am to 5:30 pm Monday through Friday except for the holidays listed in the parent handbook. All children must be picked up prior to the close of the center. I understand that if I fail to pick my child up on time, there will be a fee of \$1 for every 1 minute until my child is picked up. This fee must be paid prior to my child's next day of attendance. I understand if this occurs on a frequent basis, my child can be disenrolled from the center.

____ **Returned Checks/Declined Cards:** I understand that a \$30 processing fee will be charged to all checks that are returned or cards that are declined for any reason. This fee is in addition to any charges my bank may charge. If more than two checks are returned within a three-month period, I will be required to pay with a different form of payment.

____ **Holiday:** I understand that the center will be closed on New Year's Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, Thanksgiving Day and the day after, Christmas Eve and Christmas Day. I understand that tuition will not be credited or changed during these holidays. I understand that should a holiday fall on a weekend, the center will be closed either the preceding Friday or the following Monday.

____ **Schedules:** Schedules may be changed with a two week notice minimum and only if there is room in the classroom. Additional attendance will be charged at the daily rate which will be applied to your account on Brightwheel.

____ **Checking In and Out:** I agree to check my child in and out using the center's attendance procedures. I understand that my child is not permitted to sign themselves in/out. I understand that I am required to enter the center with my child and walk them to their assigned classroom and to notify the classroom staff that my child is there.

____ **Attendance:** I understand that my child's full tuition is due each week/month whether my child attends their full schedule or not. I understand that my child should be here by 9am each day, and if they are not, I will need to call and notify the center as soon as possible. Children may not be dropped off during nap time.

____ **Illness:** I understand that should my child become ill throughout the day, I will be notified as soon as possible. If my child's illness is such that they need to be picked up from the center for the day, I will pick my child up promptly or decide for someone on the authorized pick-up list to retrieve my child. I understand that my child may be exposed to contagious diseases, and should my child be diagnosed with such, I will notify the center immediately.

____ **Immunizations:** I understand that my child must be fully vaccinated or on a written plan approved by a physician as to when they will be fully immunized.

____ **Readmission:** For communicable diseases and extended illnesses, fever, diarrhea, etc. I understand that my child may not return to the center until symptom free for 24 hours or unless a doctor's note is provided stating otherwise.

____ **Interviewing Children and Inspection of Files:** I understand that the state childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff privately if desired, to inspect and audit child or facility files, and to observe the physical condition of the children in the school.

____ **Withdrawal from Program:** I understand that should I choose to withdraw my child from Little Sprouts Preschool, I will need to provide the center with a two-week written notice. Should I not provide this notice, I will be charged for the final two weeks whether my child attends or not. I understand that my child shall be eligible for readmission with the payment of a new registration fee and if there is room in their class. I understand that if there is and an outstanding balance when my child withdrew, all balances must be paid in full prior to re-registration.

____ **Emergency Closing and Inclement Weather:** I understand that it is the center's intention to be open and provide childcare services every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issues may disrupt service. I will contact the center to ensure that it is open during inclement weather/natural disaster. I agree that if the school is closed for an extended period, I will continue to be responsible for my tuition payments during that time. Notifications of closings or late starts will be communicated via Brightwheel.

____ **Policies and State Regulations:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I are bound by state regulations, the Parent Handbook, and all other company policies, which may be modified at any time without notice. I understand that the childcare regulations of the state in which my child attends may prevail over these policies. I understand that all policies may not be followed if an emergent state occurs, and management decides they cannot be followed. I understand that my continued enrollment constitutes my acknowledgment of, and agreement to abide by all policies and state regulations.

____ **Supervision:** I give all people employed by Little Sprouts Preschool permission to supervise my child during the day. This includes, but is not limited to, escorting them to the restroom, special events, caring for them in the classroom, etc.

____ **Family Code of Conduct:** To ensure that you, your child, our staff, and all that enter Little Sprouts Preschool enjoy a safe, welcoming, and respectful environment anyone entering Little Sprouts Preschool must only engage in actions that demonstrate respect for others. Behavior that is inappropriate, illegal, threatening, or disrespectful in nature or language that is abusive or instigative is not acceptable. We are a drama free center, if you or anyone you are associated with brings drama into the center, your child will be disenrolled.

____ **Parent Handbook:** I understand and acknowledge that I have access to the parent handbook as it is always available online. I have read and understand its contents and all policies and procedures therein and agree to be bound by the same. I understand that I can make no modifications to the parent handbook or to the enrollment agreement.

We do not discriminate based on disability in the admission/enrollment or access to our program/services.

Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies and procedures included in this enrollment agreement and parent handbook. The policies in this contract supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Directors Signature: _____ Date: _____



Medical Contact Information

Doctor/Practice: _____

Phone: _____ Fax: _____

Address: _____

Dentist (required for all ages including infant): _____

Phone: _____ Fax: _____

Address: _____

Preferred Hospital: _____

Phone: _____ Fax: _____

Address: _____

Are there any medical diagnoses that we need to know about that your child has/had, including surgeries, so we can pass along to the medical team upon treatment? Y or N

If yes, please explain: _____

Medications:

List of medications: _____

Medications that will be administered regularly at school must have the proper documentation filled out by the prescribing physician. Tylenol/Ibuprofen cannot be administered more than 3 days in a row without additional forms. Only qualified staff will be allowed to administer medications. Please see the front desk for any forms needed.

Authorization:

My signature below confirms that I am the parent/guardian of _____, a minor child born on _____ who resides with me at _____. I authorize, for emergency purposes only, that a school designated employee can transport the above minor by ambulance and consent to any necessary examination, anesthetic, surgery or treatment, and/or hospital care to be rendered to the minor under general supervision of any physician or surgeon licensed to practice medicine in the state of Colorado.

I also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the Parent Handbook which is available on the school website.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

For Annual Review:

Please initial and date if the above information is correct. A new form will be issued if information needs updated.



Diet Restriction Letter

I, _____ request that my child,
_____, not eat the following foods while at Little
Sprouts Preschool:

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

The reason for this diet restriction is (please pick one):

- Personal Preference/Religious
- Allergy-a signed statement from a physician is required
- Other-please explain: _____

The following substitutions may be provided: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____



Agreements

Child's Name: _____ Date of Birth: _____

Permission to Participate

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at the center.

I hereby grant permission for my child to leave the center premises under supervision of a staff member for neighborhood walks and field trips in authorized vehicles.

Parent/Guardian Signature: _____ Date: _____

Cot/Mat/Blanket/Pillows Consent

The Colorado Department of Human Services mandates that all children under the age of 2 years have written authorization to sleep on a cot/mat. I hereby give permission for my child to sleep on a mat/cot while napping at Little Sprouts Preschool.

Parent/Guardian Signature: _____ Date: _____

Sunscreen/Lip Balm/Diaper Cream/Lotion Release

I hereby give permission for the center to apply lip balm, sunscreen, diaper cream, and lotion as needed for my child. I understand that I am responsible for supplying all of the items listed. I understand that LSP will provide the sunscreen unless I request my child uses a different kind which I am then responsible to provide.

Parent/Guardian Signature: _____ Date: _____

Child Protection

I understand that the Director of the center is required by law (26-6-202, CRS 1973), to report any evidence or knowledge of suspected child abuse or neglect to the Colorado Department of Human Services.

Parent/Guardian Signature: _____ Date: _____

I hereby indemnify and hold harmless Little Sprouts Preschool and its owners and employees against any and all liability for any and all injuries to my child arising from or relating to the items listed on this form for which I have provided my authorization.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____



Social Media Consent/Release Form

I understand that Little Sprouts Preschool may take photos and/or videos of the children during program activities and events. Photos may be used in publications such as but not limited to electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, media and/or other similar ways.

Please check the correct box below as to whether you do wish or do not wish to grant Little Sprouts permission to use your child's photos/videos taken during business/learning hours, field trips, or any other center activities.

I DO grant permission for the use of my child's photo/video for publication use.

I DO NOT grant permission for the use of my child's photo/video for publication use.

____(initial) I understand that photo/video documentation will be sent through the automated daily report system (Brightwheel). I understand that my child may be in a photo/video with other children and other parents may see or receive this photo/video if their child is also in the photo/video. Any photos/videos of other children I may receive shall not be shared on any social media or internet site without the other parents' express permission.

Name (or child's name) _____

Guardian Name (if child under 18) _____

Phone _____

Email _____

Address _____

Signature _____ Date _____

With my signature above I agree that this form will remain in effect during the term of my child's enrollment. I understand that it is my responsibility to update this form if I decide my option to allow or not allow photo/video release is to be changed.



Behavioral Management Policy

Little Sprouts Preschool has developed a detailed set of policies regarding children's behavior management and discipline. Every member of our staff is required to follow each policy when handling behavior issues. The goal of our program is to emphasize respect for self, respect for others and their work, and respect for materials located in our school.

Using appropriate methods of discipline that incorporate behavior management enables the young child to learn self-control and to gain an understanding of the types of conduct that are acceptable. Children become more independent and self-sufficient when they take responsibility for their own behaviors. Self-discipline, learned during the early childhood years, is necessary to become a productive member of our society.

Little Sprouts Preschool Operates under the following policies:

1. Injurious treatment of children is not tolerated under any circumstances.
2. No corporal punishment, including spanking, will ever be used.
3. No child shall be subjected to cruel or severe punishment or verbal abuse, including those that are shaming, frightening, or humiliating.
4. No child shall be denied food, toileting, or rest privileges as punishment.
5. No harsh or profane language for soiling or wetting him/herself or not using the toilet will ever be used.

We recognize and praise appropriate and positive behaviors. A teacher's response to inappropriate or negative behaviors may include redirecting the child's activities, reasonably discussing the problem or using planned ignoring. The child may be directed to an area of the classroom to participate in an activity that is calming. This approach gives the child an opportunity to reflect on their actions.

In the event that inappropriate behavior continues despite utilizing the above stated techniques, the Director will observe the child in the classroom, set up a meeting with the child's parents/guardians and the classroom staff to develop a specific program that is agreeable for all parties. The specific program is to be implemented within the classroom's daily programming.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____



Child Abuse and Neglect

Law requires that anyone who suspects a child is being mistreated, report the matter to protective services or the police. In cases of child neglect anyone may report the suspected neglect, but professionals are required to do so. Any person who in good faith makes a report of abuse or neglect is immune from any civil liability or criminal penalty.

Little Sprouts Preschool, upon notification of a child's involvement in a Child Protected Services investigation, will cooperate with Child Protective Services and Department of Social Services regarding the welfare of the child.

The following information is provided so that you will be familiar with the physical and behavioral indicators of child abuse and neglect. Please note that the presence of any of these indicators does not necessarily mean that a child is being abused or neglected.

Physical Abuse-

Physical indicators:

- Bruises
 - on any infant, facial bruises, in unusual patterns, clustered in one area of the body, in various stages of healing, black eyes with no injury to the nose.
- Burns
 - caused by an immersion in hot liquid, hot implement such as an electric iron or curling iron, cigarette burns leaving "crater" shaped burns (usually on the palms of hands)
- Welts, cuts, abrasions, and fractures can indicate abuse. Since these injuries occur through normal childhood experiences, they should only cause concern when coupled with some other indicator or if the injury does not seem likely given the child's age and physical development.

Behavioral indicators:

- Child may be overly compliant, shy or have aggressive behavior, avoids parents, inhibited crying, avoids physical contact, low frustration tolerance, distrustful.

Neglect-

Physical indicators:

- Child is typically unkempt and extremely dirty, clothes are inadequate for the weather, medical problems left untreated, inadequately supervised, undernourished.

Behavioral indicators:

- Child is usually shy, withdrawn, passive, always tired, developmentally slow.
- Parents are generally apathetic, angers when asked about the child's care, has impulsive decision making, inconsistent disciplinary practices, holds unrealistic expectations of the child, belligerent, aggressive, low self-esteem.

Sexual Abuse-

Physical indicators:

- Difficulty in sitting or walking, repeated symptoms of medical problems with their genitals or digestive system, venereal disease, pregnancy.

Behavioral indicators:

- Child has unusual sexual behavior or knowledge, nightmares, poor peer relationships, few social skills, extremely isolated, repeatedly "runs away."
- Parents are extremely overprotective, overly interested in child's social and sexual life, sees the child as highly sexualized.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____



Personal Childhood History

Child's Full Name: _____ Birthdate: _____

Nick Name: _____

Parent/Guardian: _____

Parent/Guardian: _____

Other members of the household:

Names: _____

Ages: _____

Relationships: _____

Personal History:

Parent(s) that live(s) outside of the household: _____

Do you have pets? _____ Name(s): _____ Type(s): _____

Has your child had any other group childcare experience? _____

What types of activities do you do with your child? _____

What is your child's special interests? _____

What are your child's dislikes? _____

Eating Habits:

What time does your child eat meals? _____

What are their favorite foods? _____

What foods are refused? _____

Any food allergies? _____ Problems eating? _____ Use utensils? _____

Toilet Habits:

Can your child be relied on to indicate his/her bathroom needs? _____

What word is used for urination? _____ Bowel movements? _____

Does your child need assistance in the bathroom? _____ Are they afraid of the bathroom? _____

Does your child wet the bed when sleeping? _____

Sleeping Habits:

When is bedtime? _____ Wake up? _____ Does your child nap? _____ Nap time? _____
Does your child share a room? _____ Own bed? _____ Sleep in a crib? _____

Social Relationships:

Has your child had any experience playing with other children? _____

Does your child prefer to play with children their age? _____

How does your child relate to unfamiliar adults? _____

Does your child demand a lot of adult attention? _____

What makes him/her mad or upset? _____

How does your child show feeling? _____

What methods of discipline are used at home? _____

What type of physical activities does your child enjoy? _____

Is your child frightened by any of the following:

Animals? _____ Storms? _____ Wind? _____ Loud noises? _____ Insects/bees? _____ Dark? _____

Does your child enjoy the following activities:

Being read to? _____ Listening to music? _____ Playing outdoors? _____ Building with blocks? _____

Painting? _____ Drawing? _____ Puzzles? _____ Playdough? _____ Crafts? _____ Dress up? _____

Please circle the traits that describe your child:

Active Shy Quiet Outgoing Sensitive Persistent
Adaptable Content Creative Confident Humble

Does your child have any medical concerns we should be aware of (allergies, asthma, etc.)? _____

Explain if Y: _____ Epi-pen? _____

Thank you for sharing your child with us!

We use this form so we can better understand the individuality of your child.