

# Little Lamb Preschool and Child Care Enrollment Packet

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_ Desired Start Date(MM/YY): \_\_\_\_\_  
Primary Parent Phone Number: \_\_\_\_\_

**OPERATING HOURS: 7am - 5pm**

**Days Desired:**

**MONDAY THROUGH FRIDAY**

**MONDAY, WEDNESDAY, FRIDAY**

**TUESDAY, THURSDAY**

**Program Desired:**

**PRESCHOOL 33 months+**

**TODDLER 15 months - 33 months**

**INFANT 4 weeks - 15 months**

**8:00 - 1:00**

**8:00 - 4:00**

**8:00 - 4:00**

**8:00 - 4:00**

**7:00 - 5:00**

**7:00 - 5:00**

**7:00 - 5:00**

Please see [website](#) for current rates. Rates are specific to each program.

A one-time \$185 registration fee and a deposit equal to the first month's tuition are required to secure your child's enrollment. The deposit will be applied to your Brightwheel account as a credit toward your first month of care. Annual reenrollment fee is \$150.

Please note that all enrollment fees are **non-refundable**. Once payment is received, your child's placement will be confirmed. If, for any reason we are unable to enroll your child, all fees will be refunded in full.

July and August enrollment is in 4 week increments.

## Child Information

### FACE SHEET

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Siblings names and ages \_\_\_\_\_

## Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Reachable Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Reachable Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_

**Additional Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach. \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. \_\_\_\_\_

Special limitations or concerns?

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

**PARENT/GUARDIAN SIGNATURE DATE**

\_\_\_\_\_

\_\_\_\_\_

## Little Lamb Preschool & Childcare

### FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

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

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

Best Contact Phone during center hours \_\_\_\_\_ Relation to child \_\_\_\_\_

\_\_\_\_\_ I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

\_\_\_\_\_ I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

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

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

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

***Emergency Contacts (at least one- In the order to be contacted after parents)***

~Additional pick up persons may be listed on transportation plan page

(Do not place names of child's parents here)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes      No

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes      No

**PARENT/GUARDIAN SIGNATURE DATE**

\_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Reachable Number \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Reachable Number \_\_\_\_\_

## Off Site Consent Walk Release

I give Little Lamb Preschool & Childcare of Celebration International Church, Inc. permission to escort my child on walks. I understand that the children will be supervised at all times and shall use the sidewalk. The teachers will have first aid bags with them and cell phones at all times.

\_\_\_\_\_ \*PARENT INITIALS (X if not in agreement)

## Photography Release

I give Little Lamb Preschool & Childcare of Celebration International Church, Inc. permission to take photographs and or video of my child. The photographs and video clips may be used for the school website, school publications, newspapers, and advertisements.

\_\_\_\_\_ \*PARENT INITIALS (X if not in agreement)

## Consent for Observation

My child may be observed by someone other than program staff or the parents of children in the program, provided there are no interactions between the observer and my child. Note: For child/observer interaction, Little Lamb must have parental consent.

\_\_\_\_\_ \*PARENT INITIALS (X if not in agreement)

## Lotion & Cream Permission Form (Please fill in if applicable)

\_\_\_\_ I give the staff at Little Lamb permission to apply unanticipated non-prescription and topical, non-prescription medications to my child.

\_\_\_\_ I give the staff at Little Lamb permission to apply only the following non-prescription lotions or cream: \_\_\_\_\_

\_\_\_\_\_ \*PARENT INITIALS (X if not in agreement)

## Small or Large Group Transportation Plan and Authorization

My child will arrive and leave the program by Parent Drop off and Pick Up OR Other  
(Specify) \_\_\_\_\_

\_\_\_\_\_ \*PARENT INITIALS

## Jewelry Consent

I give consent for my child to wear jewelry to sleep while at Little Lamb. This includes necklaces, earrings, bracelets, anklets or other items including those to help with teething, aesthetics, religious or cultural purposes.

\_\_\_\_\_ \*PARENT INITIALS (X if not in agreement or if child does not wear jewelry)

## COMMONWEALTH OF MASSACHUSETTS DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

**CHILD'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

Please provide information for Infants and Toddlers (marked \*) as appropriate to the age of your child.

### DEVELOPMENTAL HISTORY

Age began sitting: \_\_\_\_\_ crawling: \_\_\_\_\_ walking: \_\_\_\_\_ talking: \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*Crawl? \_\_\_\_\_ \*Walk with support? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs \_\_\_\_\_

Language spoken at home \_\_\_\_\_ \*Any history of colic? \_\_\_\_\_

\*Does your child use pacifier or suck thumb? \_\_\_\_\_ \*When? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \*When? \_\_\_\_\_

\*How do you handle this time? \_\_\_\_\_

### HEALTH

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

**Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:**

\_\_\_\_\_

Regular medications: \_\_\_\_\_

## TOILET HABITS

- \*Are disposable or cloth diapers used? \_\_\_\_\_ \*Frequent occurrence of diaper rash? \_\_\_\_\_
- \*Do you use: oil: \_\_\_\_\_ powder: \_\_\_\_\_ lotion: \_\_\_\_\_ other: \_\_\_\_\_
- \*Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_
- \*Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_
- \*Has toilet training been attempted? \_\_\_\_\_
- \*Please describe any particular toileting procedure to be used for your child at the center: \_\_\_\_\_
- \_\_\_\_\_
- \*What is used at home? Potty chair? \_\_\_\_\_ Special child seat? \_\_\_\_\_ Regular seat? \_\_\_\_\_
- \*\*How does your child indicate bathroom needs (include special words): \_\_\_\_\_
- \*Is your child ever reluctant to use the toilet? \_\_\_\_\_ Does your child have accidents? \_\_\_\_\_

## EATING HABITS

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on a special formula, describe its preparation in detail: \_\_\_\_\_

\_\_\_\_\_

Favorite Foods: \_\_\_\_\_ Foods refused: \_\_\_\_\_

\*Is your child fed held in lap? \_\_\_\_\_ High Chair? \_\_\_\_\_

\* Does your child eat with spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

**SLEEPING HABITS-**\*Does your child sleep in a crib? \_\_\_\_\_ Bed? \_\_\_\_\_

Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_

\_\_\_\_\_

***Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver.***

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on waking etc)

\_\_\_\_\_



## SOCIAL RELATIONSHIPS

How would you describe your child? \_\_\_\_\_

Previous experience with other children/day care: \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_ Able to play alone? \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

Fears (the dark, animals, etc.): \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What is the method of behavior management/discipline at home? \_\_\_\_\_

What would you like your child to gain from this childcare experience? \_\_\_\_\_

\_\_\_\_\_

**DAILY SCHEDULE** -Please describe your child's schedule on a typical day. For infants, please include wake time, first meal, napping, toilet habits, fussy time, night bedtime, etc.

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

Is there anything else we should know about your child? \_\_\_\_\_

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

**PARENT/GUARDIAN SIGNATURE DATE**

\_\_\_\_\_

\_\_\_\_\_

## **Little Lamb Enrollment Agreement**

We are pleased that you have chosen Little Lamb for your child care needs. The following information should ensure a smooth transition between family and center, its operations and your child's safety during their time here.

Your child's specific days and hours of need are located on the front page of the enrollment packet. The monthly amount due at time of this agreement is based on our agreed upon schedule.

A non-refundable annual registration fee of \$185.00 and a non-refundable deposit of first month's tuition will formally confirm your child's enrollment/ placement at Little Lamb. The deposit will be deducted from first tuition once your child starts. Summer enrollment is in 4 week increments as packet describes. Partial placement is allowed July and August at weekly summer rates, when submitted by deadline.

Enrollment packets need to be updated annually. The reenrollment fee is \$150.00.

If start date is more than one month from enrollment date, a space reservation fee applies. See parent handbook for details.

You are required to give a one month's notice for any reduction in your child's schedule. Tuition will be reduced to the new rate thirty (30) days after the notice is received.

Should you withdraw your child, you must give a thirty (30) day written notice prior to withdrawal. You agree to pay tuition for the thirty days following your notice, even if your child is not in attendance. Partial months are charged as weekly/daily rates on withdrawals.

Tuition is payable in advance and due by the first of each month. A \$20 late fee is charged on the 5th of the month. If not yet paid, an additional \$20 is charged on the 7th. If tuition and fees have not been paid by the 10th, your child will be suspended from the program until all charges are paid. If all charges are not paid by the 14th, your child will be terminated from the program.

Brightwheel is the Child Care management system we utilize for payments and classroom communication. You will receive an email from Brightwheel inviting you to create an account. Please log in with the email we have on file, as this email is linked to your child. Fill out your child's profile, including birthday and second parent info. Follow the instructions on how to set up billing.

Children must be dropped off by 9:00 AM each day. Exceptions are made for medical and education appointments. You can add an occasional hour or day if space is available. Check with director for availability and rates.

Extra days are as available for a cost. Switching of days does not apply.

A late fee of \$25 plus \$2 per minute, per child, is charged to your account. Our center closes at 5:00 PM.

If an alternate person will be picking up your child, you must add them to your child's brightwheel profile as an "approved pickup". If they are new to the center, they must show an ID at pick up. Please notify your child's teacher when an alternate person will be picking up.

We use an enhanced security system at Little Lamb that gives access with a key fob. Only staff members and parents/guardians are able to gain entry to the building. Little Lamb uses internal security cameras in classrooms and common areas. Feed is visible only to Little Lamb and CIC staff.

If Little Lamb is concerned that your child's needs are not being met in our program, we will involve you in the process of identifying the issues and work with you towards resolution. If it is determined that this center is not in the best interest of all parties involved, we may require that your child be released.

Drop off times are important for continuity in the day. If you will be late coming in, please send us a message to let us know. If you drop off before your scheduled time, and if space allows, \$2 per minute will be charge to your account.

Medical and immunization forms must be on file at Little Lamb, updated annually or sooner if applicable.

An ill child must be picked up and may return when allowed according to our health policy, stated in the parent handbook.

Communicable diseases do need a doctor's clearance for return.

Little Lamb will relay weather related closures by email and brightwheel, no later than 6 AM on the day of a storm. For any mid-day closure, you will be called to pick up your child. There is no tuition reduction for any time that the center is closed.

This enrollment agreement is not all inclusive. Other terms and conditions are noted in the parent handbook. The policies of Little Lamb may change from time to time and you will be informed should this occurs.

***I acknowledge that I have received a copy of the Little Lamb Parent Handbook as well as this agreement. I understand that it is my responsibility to contact Little Lamb with any questions I may have concerning enrollment policies and procedures.***

**PARENT/GUARDIAN SIGNATURE DATE**

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