

# Little Mavericks Learning Center

🍁 Center hours are Monday –Friday, 6:45-5:30

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- 🍁 Mail application form (page 2) only to: Little Mavericks Learning Center, 1100 North Ave, Grand Junction, CO 81501
  - 🍁 Registrations are processed on a first come first serve basis. Applications will be kept on file, if your child is not accepted into the program and held for the waiting list until the end of the school year.
  - 🍁 A \$30 NON-REFUNDABLE application fee, per child, is required for families new to Little Mavericks **at the time of acceptance into the program**. Please make checks payable to Little Mavericks Learning Center.
  - 🍁 A \$30 NON-REFUNDABLE registration fee, per child, is due at the end of Spring Semester for families returning to Little Mavericks in the fall. Please make checks payable to Little Mavericks.
  - 🍁 After notification of acceptance, the child information forms are due.
  - 🍁 **All Child Information Forms (pages 3-5) must be completed and turned in before your child can be left at Little Mavs along with a copy of your child's current immunizations**
  - 🍁 CACFP Income Eligibility Form must be filled out at the beginning of the semester your child begins, available at LMLC prior to the beginning of the semester.
  - 🍁 CMU students need to give LMLC a copy of your current class schedule
  - 🍁 When scheduling your child's time, there is a minimum of 2 full days or 3 part days
  - 🍁 Toddlers need to be dropped off by 11:45am or after 2:00pm
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Families returning to Little Mavericks Learning Center need to

- Complete the Child Information forms, pages 3-5 include a current copy of your child's immunizations
  - Pay the \$30.00 registration fee
  - Provide LMLC with a copy of your class schedule
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- 🍁 Tuition payment are due by the 10<sup>th</sup> of each month
  - 🍁 If you must drop from the program, a two week notice is required.
  - 🍁 If you choose not to come to LMLC after you have been accepted into the program, the \$30 application fee is not refundable.
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- 🍁 Toddlers must be at least 1 year old and walking
- 🍁 Preschool children must be at least 2 ½, and fully potty trained. **No pull ups or diapers allowed on the preschool side.**

# Little Mavericks Learning Center

Fall semester   Spring semester   (circle one)

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

Parent/Contact Person \_\_\_\_\_ Day Time Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(City, State, Zip)

E-Mail \_\_\_\_\_

Schedule of **times** your child will be at Little Mavericks (i.e. 8:00am-5:00pm)  
Minimum days required: Two full days (more than 5 hours) or three half days (under 5 hours)  
Toddlers need to be dropped off before 11:45am or after 2:00pm

M \_\_\_\_\_ T \_\_\_\_\_

W \_\_\_\_\_ H \_\_\_\_\_

F \_\_\_\_\_

My child has a sibling that I will be turning in a separate application for \_\_\_\_\_  
(Sibling's name and birth date)

I am a    Mesa State Student    Faculty Staff member    Community (LMLC must serve Student and Faculty first)

- ✓ A \$30 NON-REFUNDABLE application fee, for each child, is required **at the time of acceptance** into the program.
- ✓ Please make checks payable to Little Mavericks Learning Center.
- ✓ Mail application to Little Mavericks, 1100 North Ave, Grand Junction, CO 81501

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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Office Use Only

Registration fee paid: Check # \_\_\_\_\_ Cash \_\_\_\_\_

Comments:

Fall/Spring Application

# LITTLE MAVERICKS LEARNING CENTER

## Checklist

**All** items must be completed and turned in before or at registration (day to be announced). A complete enrollment packet is required for all children attending **Little Mavericks**. This includes new and **all** returning children.

- Application
- Enrollment Packet
- Doctors note stating your child is healthy and can attend school
- Copy of immunizations
- CMU class schedule
- Income Eligibility Form for food program

# Little Mavericks Learning Center

Date of Enrollment \_\_\_\_\_

## Family Information

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Name to be used at school/nick names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name(s) and age(s) of siblings \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Sec # \_\_\_\_\_

Social Sec # \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

CMU 700# \_\_\_\_\_

CMU 700 # \_\_\_\_\_

CACFP Card #'s (last 4 digits of each card) Card 1 \_ \_ \_ \_ Card 2 \_ \_ \_ \_

## Custody issues or concerns

If there are custody issues involving your child, Little Mavericks must have copies of court papers.

## Emergency Information

Persons authorized to pick up the child. These persons will also be called in case of an emergency if the parent can not be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Under No Circumstances**  
**will your child be released to anyone without written or verbal authorization from a parent or guardian**

Child Information Fall /Spring

**Medical Information**

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Address \_\_\_\_\_

Dentist's Name-----Phone # \_\_\_\_\_ Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Health History**

Describe any surgeries, accidents, chronic illnesses or handicapping conditions.

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

Physician's Statement

Statement of health (Signed by Physician)

I find \_\_\_\_\_ (child's name) to be in good health and able to attend Little Mavericks.

There are no restrictions to the child participating in activities.

Comments:

\_\_\_\_\_

Physician's Signature

\_\_\_\_\_

Date

Please attach a copy of your child's immunization records

# Statements of Understanding

Please read and initial each item in the box, then sign at the bottom.

## Video Release

I understand the use of video is limited to those of educational quality and those that are age appropriate. Videos are used for teaching purposes, special occasions and during bad weather. On occasion full length children's movies are viewed.

## Nap Cot Authorization

I have discussed the nap routine with the staff and I have seen the cot/mat my child will sleep on. I hereby give permission for my child to use the cots during nap time.

## Field Trip

I understand that the children take walking field trips around campus. If field trips take children away from campus, I will be notified and a special permission slip will be provided.

## Sun Screen

I understand that sunscreen will be applied only with written authorization and instructions for application. I will provide LMLC with sunscreen that is labeled with my child's first and last name along with Instructions for application.

## Tuition Payment

I understand that tuition is due by the 10<sup>th</sup> of each month. Failure to pay my tuition will result in termination of services for my child.

## Permission Releases

I hereby grant permission for my child \_\_\_\_\_ to participate in all activities at Little Mavericks Learning Center. These will include, but not be limited to, field trips and walks, cooking experiences, evaluations, videotaping of classrooms, publicity photos connected with the program, and use of all play equipment in the building.

I also constitute and appoint Little Mavericks Learning Center my true and lawful attorney, for the purpose of authorizing medical treatment in the case of an emergency after attempts to locate me have failed. I understand that all expenses incurred will be borne by me and become my legal responsibility.

I also understand the school will not be responsible for anything that happens as a result of false information given at the time of enrollment. I understand the school will not be held responsible for a child who has not been signed in when he/she arrives for the day.

In consideration of Little Mavericks Learning Center admitting my child into its program, I hereby for myself, my heirs, administrator and assign, waive and release any and all rights to and claim of any nature against LMLC and their organization, representatives, successors and assign for any and all injuries or damages of any nature which my child may suffer in the program.

I also acknowledge that I have read and agree to the policies set forth in the Parent Handbook.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Identification and Emergency Evacuation Information

Little Mavericks Learning Center

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Work Schedule \_\_\_\_\_

Work Schedule \_\_\_\_\_

**Emergency Information**

Persons authorized to pick up the child in case of a campus wide or building evacuation. These persons will be called in case of an emergency if the parent can not be reached.

List only people available to pick up your child in an emergency. List only people that live locally.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**UNDER NO CIRCUMSTANCES**

*will your child be released to anyone without written or verbal authorization from a parent or guardian*