LITTLE MAVERICKS LEARNING CENTER

Enrollment Information for Fall (2017) and Spring (2018) Semesters

★ Toddlers must be at least 1-year-old and walking
★ Preschool children must be at least 3 years of age and fully potty trained. No pull ups or diapers allowed on the preschool side
★ To receive the Student Tuition Rate a parent must be currently enrolled and attending class for at least 3 credit hours, otherwise you are considered community.
★ Parents that are taking a semester off of school or who have graduated, are considered community and must meet the minimum required days. When you resume classes, you will be changed to student status.
★ A current class schedule is required for CMU students
★ Full day = more than 5 hours daily. . . . . . . Part day = less than 5 hours daily

Definitions/Scheduling requirements

<table>
<thead>
<tr>
<th>Student</th>
<th>Faculty/Staff</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toddlers</td>
<td>Preschool/PreK</td>
<td>Community</td>
</tr>
<tr>
<td>Those with a current CMU 700# and enrolled in at least 3 credit hours</td>
<td>Full Day $26.00</td>
<td>Minimum of 2 part days or 3 full days</td>
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<tr>
<td></td>
<td>Part Day $21.00</td>
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<tr>
<td>Preschool/PreK</td>
<td></td>
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<tr>
<td>Toddler</td>
<td>Full Day $31.00</td>
<td>Minimum of 3 full days. If more days are needed, part days are an option for the remaining day or 2 of the week</td>
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<tr>
<td></td>
<td>Part Day $26.00</td>
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</table>

New Families:
- The Enrollment Packet is filled out after your child has been accepted into the program.
- All items must be completed and turned in at registration. Parents will be notified by mail the last part of July regarding the date of registration.
- A complete enrollment packet is required before your child can attend school.

Returning Families:
- A new Enrollment Packet needs to be filled out before registration in August
- All items must be completed and turned in at registration. Parents will be notified by mail the last part of July regarding the date of registration.

Rates: 2017-2018

<table>
<thead>
<tr>
<th>CMU Students</th>
<th>Preschool/PreK</th>
<th>Toddler</th>
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</thead>
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<tr>
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<td>Full Day $26.00</td>
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</tr>
<tr>
<td></td>
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<td>Part Day $26.00</td>
</tr>
<tr>
<td>CMU Faculty Staff Community</td>
<td>Preschool/PreK</td>
<td>Toddler</td>
</tr>
<tr>
<td></td>
<td>Full Day $31.00</td>
<td>Full Day $36.00</td>
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<tr>
<td></td>
<td>Part Day $25.00</td>
<td>Part Day $30.00</td>
</tr>
</tbody>
</table>
**Enrollment Packet**

Date of Enrollment: ________________  
Date of Withdrawal: ________________

Child’s Full Name: __________________________  
Birth Date: __________________________  
Gender: ________________

Address: __________________________  
City: __________________________  
Zip: ________________

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Name</td>
<td>________________</td>
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<tr>
<td>Maiden Name</td>
<td>________________</td>
</tr>
<tr>
<td>Birth Date</td>
<td>________________</td>
</tr>
<tr>
<td>Address</td>
<td>__________________________</td>
</tr>
<tr>
<td>Phone #</td>
<td>________________</td>
</tr>
<tr>
<td>CMU 700#</td>
<td>________________</td>
</tr>
<tr>
<td>Social Security #</td>
<td>________________</td>
</tr>
<tr>
<td>Employer</td>
<td>__________________________</td>
</tr>
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</table>

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<tbody>
<tr>
<td>Father’s Name</td>
<td>________________</td>
</tr>
<tr>
<td>Birth Date</td>
<td>________________</td>
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<tr>
<td>Address</td>
<td>__________________________</td>
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<tr>
<td>Phone #</td>
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<td>________________</td>
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<tr>
<td>Employer</td>
<td>__________________________</td>
</tr>
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</table>

Child’s name(s) and age(s) of siblings: __________________________________________________________________________

Special instruction on how parents or guardian can be reached during the hours your child is at Little Mavericks Learning Center. Please indicate below the primary parent/guardian and phone number you would like us to call.

Custody issues or concerns:

If there are custody issues involving your child, Little Mavericks must have copies of court papers.
Persons Authorized to Pick Up Child

Local Contacts

Name: ___________________________ Phone # ____________________ Relationship: __________________________
Address: _______________________________________________________________________________________

Name: ___________________________ Phone # ____________________ Relationship: __________________________
Address: _______________________________________________________________________________________

Name: ___________________________ Phone # ____________________ Relationship: __________________________
Address: _______________________________________________________________________________________

Persons listed above are authorized to pick up the child on a regular basis and also in case of an emergency. These persons will be called in if the parent cannot be reached during the school day, if the child needs picked up for any reason.

Emergency Contacts

Name: ___________________________ Phone # ____________________ Relationship: __________________________
Address: _______________________________________________________________________________________

Name: ___________________________ Phone # ____________________ Relationship: __________________________
Address: _______________________________________________________________________________________

Emergency contacts are persons who can assume responsibility for the child in the event of an emergency if the parents or guardian cannot be reached immediately. Persons designated, as emergency contacts need to provide identification at the time of pick up and must have an age appropriate car seat for the child. Contacts must live locally.

Your child will not be released without prior written authorization to anyone not listed above. In the event you call a pick-up authorization into the school, we will use your personal information from this packet to verify your identity.

________________________________________ _____________________________
Parent/Guardian Signature Date

________________________________________ _____________________________
Parent/Guardian Signature Date
Statement of Health

Child’s Name __________________________________________ Date of Birth ______________________

Significant Health Concerns:

☐ None          ☐ Hearing
☐ Seizures      ☐ Severe Allergies
☐ Developmental Delays ☐ Dietary Restrictions
☐ Vision

Explain above concerns (If necessary, include instructions to child care providers):

Are there restrictions to the child participating in any activities? YES NO (Circle one)
If yes, please describe.

I find ________________________________ to be in good health and able to attend Little Mavericks Learning Center

_______________________________ __________________\
Physician’s Signature Date

A copy of my child’s immunization record is attached
General Health Statement/Contacts

Parent

Health History
Child’s Name__________________________________________________ Date of Birth_______________

Allergies: ___________________________________________________________________________________
____________________________________________________________________________________

Food Restrictions: __________________________________________________________________________
____________________________________________________________________________________

Special Diet: ______________________________________________________________________________
____________________________________________________________________________________

Chronic Medical Conditions: __________________________________________________________________
____________________________________________________________________________________

Preventative creams/ointments maybe applied as requested in writing by parents

Medical Contacts

Child’s Physician_________________________________________ Phone: ______________________________
Address___________________________________________________

Child’s Dentist___________________________________________ Phone: __________________
Address___________________________________________________

Hospital of Choice________________________________________ Phone: __________________
Address___________________________________________________
Authorization for Emergency Medical Care

I/we _______________________________________________________________, hereby give permission to Little Mavericks Learning Center to seek medical care for my child ________________________________________________________________ should an emergency arise. It is understood that every effort will be made to contact me/us before emergency action is taken. If it is not possible to contact me/us, the expense of emergency medical treatment or care will be accepted by me/us.

I/we understand that if my/our child requires transportation to any medical facility, Little Mavericks Learning Center has permission to call 911 and send my/our child by ambulance or flight for life and I/we will cover the cost of this expense.

______________________________
Parent/Guardian Signature

______________________________
Date:

______________________________
Parent/Guardian Signature

______________________________
Date:
Permission Releases

- I/we 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/we also understand that Little Mavericks Learning Center will not be responsible for anything that happens as a result of false information given at the time of enrollment.

- I/we understand LMLC will not assume responsibility for my/our child, if they have not been signed in when they arrive. I/we further understand that once my child has been signed out, they are no longer the responsibility of Little Mavericks Learning Center.

- In consideration of Little Mavericks Learning Center admitting my child into its program, I/we 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/we 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.

- I/we give permission for my child to sleep or rest on the nap mats or cots during naptime.

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

- I/we understand that topical lotions/ointments (sunscreen, diaper ointments, lotions, creams, balms) will be applied only with written authorization and instructions for application. The Topical Preparation Permission Form is included in this packet.

- I/we understand that tuition is due by the 15th of each month. Failure to pay my tuition will result in termination of services for my child.

- I acknowledge that I have read and agree to accept the conditions of, and give authorization and approval for the activities described and set forth in the Parent Handbook.

Parent/Guardian Signature ____________________________________________________________ Date ___________________

Parent/Guardian Signature ____________________________________________________________ Date ___________________
Developmental Screening

**What is Developmental Screening?**

The first few years of your child’s life are very important. Together we can build a strong foundation for your child’s growth and learning and ensure that your child has the ability to reach his or her maximum potential.

In order to support this goal, we utilize developmental screening tools within our center as the first step in looking closely at your child’s development.

Developmental screening tools look at expected growth and learning in a child’s cognitive, motor, communication, and social-emotional development to determine if your child is learning basic skills.

**Consent for Developmental Screening**

The purpose of the screening is to look at growth and learning in your child’s thinking skills (cognitive), physical (gross and fine motor), communication (talking and understanding), and social-emotional development (ability to connect and enjoy relationships with others).

Screening results for your child will provide you with next steps: activities, supports, and/or referral information.

Your signature gives consent to screen your child. The consent to the developmental screening process is valid for the entire school year.

______________________________  ______________________________
Child’s Full Name

______________________________  ____________  ______________________________
Parent/Guardian Signature     Date

______________________________  ____________  ______________________________
Parent/Guardian Signature     Date
Tuition Agreement

Child’s name ______________________
(Please Print)

Parent/Guardian ____________________
(Please Print)

Parent/Guardian ____________________
(Please Print)

- All tuition is paid in advance of service
- A tuition bill will be in your parent file by the 3rd of the month
- Tuition is due on the 15th of the same month. The exception is the first month of the semester, which is included with the second month’s bill and is due on the 15th of the second month. For example, August and September are billed Sept 1st and due Sept 15th, similarly, January and February are billed Feb 1st and due February 15th.
- Delinquent accounts are accounts that have a balance remaining after tuition is due.
- If a balance remains after the last day of the month tuition is due, your child will no longer be able to attend Little Mavericks until the balance is paid off. Unless other arrangements have been made with the Director.
- Any account that goes without a payment for 90 days will be sent to collections.
- Late payment will result in a fee of $5.00 per day for each day after due date.
- A $22.00 charge added to your account for returned checks.
- All children must be picked up by 5:30pm. Little Mavericks charges a late fee of $5.00 for every fifteen minutes per child starting at 5:30pm. The fee will be added to their next tuition bill.
- Payments may be made with checks, cash, or money orders. Make checks payable to Little Mavericks Learning Center.
- You are billed for the days you schedule with Little Mavericks at the beginning of the semester

By signing this agreement, I am stating that I have read and agree to all tuition policies and procedures of Little Mavericks Learning Center. I understand that I am responsible for all costs of collection including attorney fees, collection fees and court costs.

Parent/Guardian Signature ____________________ Date __________

Parent/Guardian Signature ____________________ Date __________
TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM
This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission. Annual parent written permission is required.

Child’s Name: ___________________________ Parent/Guardian’s Name: ___________________________

SUNSCREEN
I give my permission for the staff at Little Mavericks to assist with applying or apply sunscreen to my child’s exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum SPF of 15. I understand I must provide the sunscreen in its original container labeled with my child’s name and within the noted expiration date. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

• In the event that my child does not have sunscreen with them, the school may apply their sunscreen to my child. It is my responsibility to check this product to ensure my child is not allergic to it.

Parent/Guardian Signature: ___________________________ Date: ___________________________

MOISTURIZING LOTION/CREAM/BALM
I give my permission for the staff at Little Mavericks to assist with applying or apply skin lotion/cream to my child. I understand I must provide the lotion/cream/balm in the original over the counter container labeled with my child’s name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

• Name of product:
• Special instructions:

Parent/Guardian Signature: ___________________________ Date: ___________________________

DIAPER OINTMENT/CREAM
I give my permission for the staff at Little Mavericks to apply over the counter diaper rash ointment/cream to my child. I understand that I may only provide diaper ointment or cream, free of antibiotic, antifungal, or anti-inflammatory components without a written prescription from my doctor. I understand I must provide the ointment/cream in the original over the counter container labeled with my child’s name. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

• Name of product:
• Special instructions:

Parent/Guardian Signature: ___________________________ Date: ___________________________