



# Enrollment Packet

The Learning Garden

Bangor, ME 04401

**CHILD CARE AGREEMENT**

My child, \_\_\_\_\_, will be enrolled at The Learning Garden  
Childcare and Preschool beginning \_\_\_\_\_. I agree to pay the rate of  
\$\_\_\_\_\_per week/per child.

A spot was/was not held for my child; I am / am not (circle one) responsible for the one time  
registration fee of \$50.00 due at sign up.

The days needed for childcare are: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

From \_\_\_\_\_ to \_\_\_\_\_

I understand and agree tuition is paid based on enrollment and not attendance; therefore anytime  
the child does not attend during a scheduled time, tuition still needs to be paid in full to maintain  
the child's spot.

I understand and agree that the non-refundable registration fee and deposit, equal to one week of  
tuition, will be held to hold the enrollment. The deposit will not be applied to the first week of  
tuition.

I understand and agree to follow all of The Learning Garden's policies and procedures.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

## PARTNERSHIP AGREEMENT

### The Learning Garden Childcare and Preschool:

While providing care and quality early education for your child, we agree to provide a Christ centered, secure, professional, and loving atmosphere where each child feels safe, accepted, and respected to support the best environment for learning and growing. Our goal is to make a positive difference in each child's life. We believe the best way to obtain these goals is to maintain open, honest, and consistent communication between child care provider and family caregiver. This communication will remain open and positive in discussion of ideas, suggestions, and the needs of the parents, the children, and the overall program. We support the individual families we serve and respect diversity. We agree to make a commitment to this partnership for the overall success of the children and their families.

Provider Signature: \_\_\_\_\_

Parents: I have read and understand the contents of the Family/Child Handbook. I agree to the requirements of enrollment and attendance. If I do have questions or concerns I will speak with the Head Teacher or Director. As much as I expect the consideration and flexibility from the program, I too will be considerate and flexible. I agree to work in this partnership for the overall success of my child and family.

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

Date: \_\_\_\_\_

**CHILD REGISTRATION FORM**

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone #: \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_

**Mother's/Parent/Guardian1 Full Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: ( ) Same as child \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work hours/days: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's/Parent/Guardian2 Full Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: ( ) Same as child \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Work Hours/days: \_\_\_\_\_

Email: \_\_\_\_\_

Parents/Guardians are:

( )Single ( )Married ( )Divorced ( )Separated ( )Widowed

Primary Residence is awarded to:

( )Mother ( )Father ( )Legal Guardian

**\*\*Appropriate paperwork MUST be provided to be enforced. TLG will not be responsible for releasing a child to a PARENT should legal status change without proper legal documentation provided to administration.**

**( ) Doctors Office Copy of Immunizations Attached**

**EMERGENCY FORM**

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Best # to reach **Mom/Parent/Guardian1** during the day: \_\_\_\_\_

Best # to reach **Dad/Parent/Guardian2** during the day: \_\_\_\_\_

Authorized pick-up/Persons to Contact in the Event of an Emergency (other than parent/guardian):

**\*\*AUTHORIZED PERSONS MUST BE AVAILABLE WITHIN A 30 MINUTE TIME FRAME\*\***

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Medical Information:

**\*ALLERGIES:** \_\_\_\_\_

**\*MEDICATIONS:** \_\_\_\_\_

**\*MEDICAL CONDITIONS:** \_\_\_\_\_

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

Address (required) : \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (required) : \_\_\_\_\_

Emergency Hospital Preference: \_\_\_\_\_

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for \_\_\_\_\_ (hereafter "TLG") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize TLG to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the TLG in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

This authorization is effective through \_\_\_/\_\_\_/\_\_\_.

Parent/Legal Guardian Signature: \_\_\_\_\_

**GETTING TO KNOW YOU**

(\*Please give to child's teacher)

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Nickname: \_\_\_\_\_

Favorite Activity at Home:

\_\_\_\_\_

Pets: \_\_\_\_\_

Extra Special "Lovey" or extreme interest: \_\_\_\_\_

Fears or Anxieties: \_\_\_\_\_

Discipline procedure at home: \_\_\_\_\_

\_\_\_\_\_

Food Likes: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Sleep/Nap patterns or special instructions: \_\_\_\_\_

Sensitivities/Dislikes: \_\_\_\_\_

Siblings: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Any additional information you would like to share regarding your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHOTO RELEASE FORM**

I, \_\_\_\_\_, give full permission for The Learning Garden Childcare and Preschool to use my child \_\_\_\_\_'s, photograph on:

- ( ) Bulletin Boards or other public displays WITHIN the childcare/preschool building.
- ( ) Print advertisements or other community placements with proper and professional intent and used with my written consent EACH TIME, as well as bulletin boards or other public displays WITHIN the childcare/preschool building.
- ( ) Any and all internal and external print media that The Learning Garden finds suitable for advertising, promotional content, or classroom use.

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Signature

Date

( ) I DO NOT wish to have my child's photo used /taken for/on any display or bulletin board for any reason publicly or for classroom purposes.

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Signature

Date

I, \_\_\_\_\_, **DO / DO NOT** give The Learning Garden Childcare and Preschool permission to post photos or mention my child's name on a SECURE and CLOSED invitation-only Facebook page designed for parents and staff ONLY.

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Signature

Date

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I \_\_\_\_\_ **DO/ DO NOT** authorize The Learning Garden Childcare and Preschool to apply sunscreen as necessary to my child.

## The Learning Garden

### Rates & Hours

"Full- Time" consists of more than 3 pre-determined SET days in care.

"Part- Time" consists of 1, 2, or 3 pre-determined SET days in care.

**The Learning Garden Childcare and Preschool does not offer "Drop-in" care and does require a set schedule be predetermined at enrollment for scheduling purposes.**

### Full and Part Time Tuition Rates :

Infant - FT/week: \$260.00 PT/Day: \$60.00

Toddler - FT/week: \$250.00 PT/Day: \$60.00

Jr. Pre - FT/week: \$240.00 PT/Day: \$55.00

Pre-K - FT/week: \$230.00 PT/Day: \$55.00

- 10% discount for families with one or more children enrolled on a **Full Time** basis.
- **There will be a \$2.00 per minute late fee charged if child is picked up after 5:30pm**

### Holiday Closings

- Memorial Day • Labor Day

Thanksgiving Break (Thursday/Friday) • Christmas Eve closed at noon\*

2 Staff Workshop Days: Columbus Day and Presidents Day (Or other predetermined and communicated day based on availability of appropriate and beneficial training opportunities)

\* The week of Christmas \*The week of Independence Day

We will be closed in observance of these holidays. Payment is still expected for these days.

\* The observance or date of actual center closing, may vary based on the day of the week the holiday falls on or the needs of the center.

I am aware of and agree to The Learning Garden Childcare and Preschool's pricing, absentee policy, late policies and holiday closings.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**AUTHORIZATION TO DISPENSE MEDICATION**

Date: \_\_\_\_\_

I hereby authorize The Learning Garden Childcare and Preschool to administer the following prescription and/or over-the-counter medication(s) to

\_\_\_\_\_

Name of Child

Date of Birth

Name of Medication:	Dosage:	Time(s) of Administration:	Signature of individual administering:

**MEDICATION MUST BE IN ORIGINAL CONTAINER WITH THE CHILD'S NAME ON IT.**

Prescribing physician (when applicable) \_\_\_\_\_

\_\_\_\_\_

Name of Parent or Guardian (Please print)

\_\_\_\_\_

Signature of Parent or Guardian

I \_\_\_\_\_, have given the first dose on \_\_\_\_\_.

(Name of individual administering medication.)

(Date)

Continue this medication until \_\_\_\_\_.

