

His Little Lambs Childcare Center

437 Border Road
Kearneysville, WV 25430
304-724-9335

STUDENT ENROLLMENT PACKAGE



Connie Popkins, Director
hislittlelambs@comcast.net

6:30 a.m. to 5:00 p.m.
Ages 24 months to 12 years old

REVISED 05/2010

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Weekly Rates
(Effective February 01, 2008)

<u>Age</u>	<u>Weekly Rate</u>
2 Years	\$160.00
3 & 4 Years	\$140.00
5 Years & Up	\$120.00

School Age Children

Before School Care	\$40.00
After School Care	\$40.00
Before & After School Care	\$75.00

There is a \$50.00 registration fee per child or \$100 per family that is non-refundable and is due before your child's first day at the Center.

At the time of registration, all parents are required to make a \$100 tuition deposit, per child. This deposit is returned to parents when two weeks paid tuition and two week notice in writing is submitted for withdrawal.

Payments are due & payable one week in advance and are to be paid by 5pm each Monday.

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Medical Emergency Registration Form

I, _____, authorize His Little Lambs Childcare Center to obtain immediate medical care for my child, _____ on my behalf in case of an emergency or if the Parents or Legal Guardians can not be reached immediately.

Parent/Legal Guardian Printed Name Signature

Date: _____

Student First Name Middle Initial Student Last Name
Student Date of Birth _____

Insurance Name: _____ ID#: _____

Insurance Address: _____

Group #: _____ Effective Date: _____

Insurance Phone #: _____

Primary Card Holder Name: _____

Date of Birth: _____ Card Holder Social Security #: _____

Card Holder Address: _____

Employer Name: _____ Phone: _____

In case of an emergency, a copy of this form will be provided to the appropriate medical provider/facility.

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PARENT HANDBOOK ACKNOWLEDGMENT

Student Name: _____

I have received my copy of the His Little Lambs Childcare Center Parent Handbook. It is my responsibility to read and understand the matters set forth in this Handbook. It is a guide to firm policies and procedures.

I have read and understand the Grievance Process for His Little Lambs Childcare Center

I have read and understand the policies of the center found in this handbook and I agree to adhere to the policies stated within.

_____ Date _____
[Signature]

_____ Date _____
[Staff Witness]

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Policy Acknowledgments

Student Name: _____

I, _____, have met with the Director or designated staff member of His Little Lambs Childcare Center and have discussed and understand the Center's policies on the following:

Policy/Procedure	Parent/Legal Guardian Initials	Staff Initials
Statement of Purpose	_____	_____
Behavior Management	_____	_____
Abuse & Neglect	_____	_____
Health & Medical	_____	_____
Confidentiality	_____	_____
Grievance Procedures	_____	_____
Weekly Fee's/Late Fee's	_____	_____
Discharge/Withdrawal	_____	_____
Emergencies/Evacuations	_____	_____
Toilet Training	_____	_____
Attendance Policy	_____	_____

I have received a copy of the Center's policies & procedures as outlined in the Parent Handbook. I am aware of my right to file a grievance without retaliation against my child or myself. I have been informed of my right to make a complaint to the state related to the Center's compliance with the provisions of the WV Code 49-2B-1 et.seq. and the requirements of the Childcare Licensing Regulations.

Printed Name
Date: _____

Signature

HLLCC Staff Name
Date: _____

Staff Signature

Copy Provided to Parent? Yes No

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PARENTAL TOILET TRAINING INSTRUCTIONS

Student First Name: _____ Student Last Name: _____

His Little Lambs is dedicated to helping you to train your toddler to properly use the restroom and to recognize when they need to go. Whether you are just beginning this process with your child, or you are already in the process of potty training, we will work with you to ensure that we follow the same processes that you follow at home. Please tell us about your methods & wishes below.

Child is wearing: (Circle one)

Diapers Pull-ups Underwear Other _____

Word(s) you use when discussing urination with your child: _____

Word(s) used when discussing bowel movements: _____

How frequently do you take your child to the bathroom? _____

What type of praise do you give your child when they go potty successfully?

Currently, the Center operates on the following bathroom breaks:

8am (Before breakfast)

9am (After breakfast)

11:30 (After outside play time)

12:45 (After Lunch/prior to nap)

3:00 (After nap)

Children are also encouraged to use the restroom at any time that staff notices signs that they may need to go or any time that a child tells us that they need to go.

What other times during the day, if any, would you like for us to take your child to the restroom?

Please instruct us on any other tips, tricks or preferences that you may have or use with your child for successful toilet training:

I have discussed this plan with the Center Director and my Child's teacher and agree to the schedule that we have outlined above.

Parent Signature

Date

Director Signature

Date

Teacher Signature

Date

Copy Provided to Parent? Yes No

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EMERGENCY EVACUATION ACKNOWLEDGMENT

Student Name: _____

His Little Lambs Childcare Center will take my child to the following locations in case of an emergency or in case of an Emergency Evacuation:

1) Emergency Evacuation: Jefferson Memorial Hospital
300 South Preston Street
Ranson, WV 25438
304-728-1600

Jefferson County Council on Aging
103 West 5th Avenue
Ranson, WV 25438
304-725-5498

Jefferson County American Red Cross
1948 Wiltshire Rd. Suite 2 Kearneysville, WV 25430
Various Reception Facilities throughout the County
304-725-5015

2) Emergency Medical: Jefferson Memorial Hospital
300 South Preston Street
Ranson, WV 25438
304-728-1600

-or-

City Hospital
2500 Hospital Dr.
Martinsburg, WV 25401
304-264-1000

Your child will be transported to the preferred Emergency Room that you indicated at the time of enrollment. You will be notified immediately as to which location to pick your child up from.

A copy of your child's emergency contact form is kept with your child's teacher at all times. You will be notified as instructed by you on this form, in the case of an emergency or evacuation.

I understand the policy & procedure as outlined above. I also understand that I may request a copy of the Center's Emergency Plan for my review from the Director at any time.

Parent/Legal Guardian Signature

Date

Director Signature

Date

Copy Provided to Parent? Yes No

Insert WV Medical Form for Doctor here
Insert Periodicity Medical chart here
Insert Free Meals paper here.
Add Medication Form here
Add Allergy Form here