

# Lil' Bloomers Daycare Center Enrollment/Registration Form

38 Bloomer Springs Road  
McGaheysville, VA 22840  
(540) 289-5533  
Email: lilbloomersdaycare@eabreedden.com

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_

Enrollment date: \_\_\_\_\_  
Withdrawal date: \_\_\_\_\_

<b>For Office Use Only</b>	<b>Identity verification</b>
Place of Birth: _____	Birth Date: _____
Birth certificate Number: _____	Date issued: _____
Other Form of Proof: _____	

**Mother/Father/Guardian Information**

(List only individuals who have legal custody of child. If mother is not listed or if guardian is not a parent, legal proof of custody must be provided)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Email Address \_\_\_\_\_  
Employer Address \_\_\_\_\_

**Mother/Father/Guardian Information**

(List only individuals who have legal custody of child. If mother is not listed or if guardian is not a parent, legal proof of custody must be provided)

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Email Address \_\_\_\_\_  
Employer Address \_\_\_\_\_

**Emergency Contact Information**

Persons **authorized** to pick-up the child daily: \_\_\_\_\_

\*Persons **unauthorized** to pick-up the child daily: \_\_\_\_\_

Persons contacted in case of illness, accident or emergency and authorized to pick-up the child from the school if the parents or guardians cannot be reached. (Need at least 2)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**\*Appropriate paperwork such as custody papers shall be attached if a parent is NOT allowed to pick up the child.**

**Authorization for Emergency Medical Care**

(Please note authorization must be NOTARIZED)

If I cannot be contacted in an emergency situation, I authorize the center's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**Family**

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Other family members (brothers, sisters, grandparents, etc.) living at home:

Name	Age	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Health**

What communicable diseases had the child had?

Measles (Big Red) \_\_\_\_\_ Measles (3 day) \_\_\_\_\_ Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

Any chronic physical problem? \_\_\_\_\_

\*Type of accommodations needed: \_\_\_\_\_

**\*if special accommodations are needed a current copy of the child's IEP or ISP is required**

**Medications**

Are there any medications given on a regular basis? (Please list medications and reasons): \_\_\_\_\_

Brand of Infant Formula (if applicable): \_\_\_\_\_

**Please note: It is Lil' Bloomers policy to feed infants on a demand basis unless other written permission from the child's physician is provided.**

**Speech**

Describe you child's speech: Rapid: \_\_\_\_\_ Slow \_\_\_\_\_ Moderate \_\_\_\_\_ Clear \_\_\_\_\_

Talks Constantly \_\_\_\_\_ Seldom Speaks \_\_\_\_\_ Uses Many Words \_\_\_\_\_

Uses Few Words \_\_\_\_\_

**Toileting**

Does your child have any special toileting needs? \_\_\_\_\_ if so please explain

\_\_\_\_\_

**Sleep Patterns**

What time does your child go to sleep at night? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does he/she walk, talk or cry out at night? \_\_\_\_\_

Does he/she take anything to bed with them? \_\_\_\_\_

Does he/she take naps? \_\_\_\_\_ Typical time of nap and duration? \_\_\_\_\_

**Schooling/Child Care**

Please list any previous schools/ and or child care center enrollment:

\_\_\_\_\_

Name of school/center	City/Town	State	Date
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\_\_\_\_\_

Name of school/center	City/Town	State	Date
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Is your child attending another school/center along with our center? \_\_\_\_\_

Name of school/center \_\_\_\_\_

**Goals**

In what ways can we help your child this year? \_\_\_\_\_

\_\_\_\_\_

Describe your child briefly (personalities, abilities, interests): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Comments/other Important Information**

Please feel free to write any other information you would like us to know about your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interests**

Has he/she had experience playing with other children? \_\_\_\_\_

With what age child does he/she prefer to play? \_\_\_\_\_

What are his/her favorite activities at home? \_\_\_\_\_

Does he/she like to: Be Read To: \_\_\_\_ Listen to music? \_\_\_\_ Play Outdoors? \_\_\_\_

Can he/she ride a tricycle? \_\_\_\_\_

Has he/she had experience with: Clay? \_\_\_\_ Scissors? \_\_\_\_ Easel Painting? \_\_\_\_

Blocks? \_\_\_\_ Puzzles? \_\_\_\_ Finger Painting? \_\_\_\_

# EMERGENCY INFORMATION

(Please make sure all information on here matches information on enrollment sheet)!!

Child's name \_\_\_\_\_

Child's known allergies, intolerance to food, or special health care needs:  
\_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ email \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ email \_\_\_\_\_

**In case of emergency when NEITHER parent can be reached, please contact:**

(1) Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ Relationship to the child \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Number \_\_\_\_\_ Relationship to the child \_\_\_\_\_

**Persons authorized to pick up child:** \_\_\_\_\_

**Persons unauthorized to pick up child:** \_\_\_\_\_

(Appropriate legal paperwork must be on file when custodial parent requests the center not to release the child to the other parent)

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

## **Enrollment Days/Times Sheet**

My child \_\_\_\_\_ will be attending Lil' Bloomers on the following **days and times each week**.\*

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

\*We ask parents to list the estimated and typical drop off and pick up times for teacher reference and activity planning. Please understand if a child is **enrolled for a full-day** he/she can attend anytime from 6 a.m. until 6 p.m. on the designated above enrollment days.

\*I understand that I must give at least a two weeks notice before changes can be made to the above enrollment days. Changes from part-time to full-time enrollment, or full-time to part-time enrollment, can only be made if availability allows and at the directors discretion.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# **Lil' Bloomers Tuition Rates and Agreement Form**

Lil' Bloomers tuition rates for May 2009-August 14<sup>th</sup> 2009 are as follows:

## **Infants (birth-23 months)**

\$560.00 monthly (must be paid in advance, due the first working day of the month)  
\$145.00 weekly for full- time/full-day (Monday-Friday)  
\$35.00/ per day- part-time/full- day (2, 3, or 4 days a week)  
\$27.00/per day- part-time, ½ day rate (2, 3, 4 days a week from 6:00a.m.-11:30 a.m.)  
\$23.00/per day- full-time, ½ day rate (Monday-Friday from 6:00 a.m.-11:30 a.m.)

## **2 Years**

\$500.00 monthly (must be paid in advance, due the first working day of the month)  
\$130.00 weekly for full- time/full-day (Monday-Friday)  
\$30.00/per day- part-time, full-day rate (2, 3, or 4 days a week)  
\$27.00/per day- part-time ½ day rate (2, 3, or 4 days a week from 6:00 a.m.-11:30a.m.)  
\$23.00/per day- full- time, ½ day rate (Monday-Friday from 6:00 a.m.-11:30 a.m.)

## **3 Years**

\$460.00 monthly (must be paid in advance, due the first working day of the month)  
\$120.00 weekly for full- time/full-day (Monday-Friday)  
\$27.00/per day- part-time, full- day rate (2, 3, or 4 days a week)  
\$23.00/per day- part-time, ½ day rate (2, 3, or 4 days a week from 6:00 a.m.-11:30a.m.)  
\$20.00/per day- full-time, ½ day rate (Monday-Friday from 6:00 a.m.-11:30 a.m.)

## **4-5 Years**

\$420.00 monthly (must be paid in advance, due the first working day of the month)  
\$110.00 weekly for full- time/full-day (Monday-Friday)  
\$25.00/per day- part-time, full- day rate (2, 3, or 4 days a week)  
\$20.00/per day- part-time, ½ day rate (2, 3, or 4 days a week from 6:00 a.m.-11:30a.m.)  
\$18.00/per day- full-time, ½ day rate (Monday-Friday from 6:00 a.m.-11:30 a.m.)

## **5-10 Years (have completed Kindergarten)**

\$310.00 monthly (must be paid in advance, due the first working day of the month)  
\$85.00 weekly for full- time/full-day rate (2, 3, or 4 days a week)  
\$20.00/per day for part-time, full- day rate (2, 3, 4, days a week)

**Registration Fee:** \$50.00 (non-refundable, due upon enrollment)

**Activity Fee:** \$35.00 (charged every September)

**Return Check fee-**\$30 per incident

**Late Payment Fee-**\$10.00 per incident

**Late pick up Fee-**\$1.00 per minute per child after 6:00 p.m.

**\*10% discount on multiple family enrollments**

## Financial Agreement

I \_\_\_\_\_ (please print name), the parent of \_\_\_\_\_ agree to pay my child's daycare tuition in the amount of \_\_\_\_\_ each day/week/month (circle). I understand, if I choose to pay monthly, that my payment is due on the first working day of each month, and if I pay weekly, payment is due the first day of the week my child attends Lil' Bloomers for that current week. If I have not paid by the first working day of the month for that current month I must pay weekly, and if I have not paid by Wednesday of the current week (full-time children), or the second working day my child attends (part-time children), I will be charged a late fee of \$10.00. I also understand that if I do not pick up my child by the center's closing time, I will incur a charge of \$1.00 per minute per child. In the event that my child's tuition account becomes two weeks past due, I understand my daycare services with Lil' Bloomers will be terminated. I also agree to pay all costs and expenses including, but not limited to, court costs and attorney fees that may be incurred by Lil' Bloomers, in connection with the collection of tuition and the enforcement of this agreement.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **Lil' Bloomers Daycare Policy Agreement Form**

1. I understand that I am not allowed to leave my child unsupervised at Lil' Bloomers. I must walk my child into Lil Bloomers each morning, sign my child in and release my child to a Lil' Bloomers staff member before leaving.
2. I understand Lil' Bloomers must have all required forms and documentation fully completed and on file prior to my child attending Lil' Bloomers Daycare.
3. I understand that Lil' Bloomers will not release my child to anyone except parents/guardians without written permission. I understand that Lil Bloomers will release my child to either parent unless a court order indicating sole custody is provided and on file at the center. I understand I must give Lil' Bloomers a list of those persons authorized, and unauthorized to pick up my child.
4. I agree to support and reinforce Lil' Bloomers daycare policies and procedures that are stated in the parent handbook.
5. I understand the director or a Lil' Bloomers staff member will notify me whenever my child becomes ill and I agree to pick up my child or send an authorized person, to pick up my child, within one hour of receiving notice.
6. I understand my child cannot attend Lil Bloomers daycare if he/she has an illness that is contagious or threatens the health of the other children. I understand the Health Department regulations concerning periods of infection will be enforced. I understand that my child must be fever- free for at least 24 hours before returning back. I also understand prescription medication must be administered at least 24 hours before he/she can return to daycare.
7. I understand I am required to inform the center, within 24 hours or the next business day, if my child (or any other member of the immediate family/household) has developed a reportable communicable disease, as defined by the State Board of Health. Life threatening diseases must be reported immediately!
8. I authorize Lil' Bloomers Daycare to obtain immediate medical care if an emergency occurs and the parent(s)/guardian(s) cannot be located immediately\*\*
9. I understand my daycare services with Lil' Bloomers may be terminated for any of the following reasons:
  - My child's tuition account becomes more than two weeks past due.
  - Failure to respond in a timely manner, when contacted by the center to pick up my child when he/she is sick.
  - Failure to obey the "24 hour illness recuperation period."
  - Failure to provide the center with up-to-date emergency contact information and health immunization records.
  - My child's behavior patterns threaten the health or safety of themselves, other children or staff members of the center.
  - If parental/guardian or family support is not received when a child is found to have a behavioral or learning problem.
  - Parent or guardian becomes uncooperative with Lil' Bloomers' program philosophy, and its procedures and policies., thus, showing negative actions toward the daycare center.

- Parents, who are continuously late in picking up their child from Lil' Bloomers, will be asked to make other daycare arrangements.

I have read all the Policies listed above, and I have read and fully understand all Policies and Procedures in the Lil' Bloomers Daycare Parent Handbook.

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

\*\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) stating the objection(s) and the reason for the objection(s).

## Sunscreen Permission Form

**Lil' Bloomers Daycare will provide NO-AD SPF 45 Sunscreen at no charge** to the children enrolled at Lil' Bloomers Daycare. If you would like for your child to have a different type of Sunscreen, please fill out the very bottom portion of this form and send in a labeled bottle of sunscreen (child's first and last name). Thank you

I give Lil' Bloomers Daycare Staff Members permission to apply **NO-AD SPF 45 Sunblock Lotion** on my child \_\_\_\_\_, as needed when going outdoors.

Please list any known reactions to sunscreen:

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

I give Lil' Bloomers Staff Members permission to apply \_\_\_\_\_  
Sunscreen to my child \_\_\_\_\_,  
as needed when going outdoors.

Please list any known reactions to sunscreen:

\_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Dear Lil' Bloomers Parents:

The staff members of Lil' Bloomers Daycare along with local advertising (newspapers, magazine, etc) companies may take pictures of our daycare and the children, throughout the year. By taking pictures this will help our center with advertisement and with the opportunity for parents to take a look at all the different types of activities the children are involved in throughout the year. When taking pictures for advertisement in newspapers and magazines, the children's names will never be used or listed.

Thank you,  
Lil' Bloomers Daycare Staff

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Please fill out this form stating whether your child is or is not allowed to be photographed.

(Circle One)      I hereby give      I do not give

permission for Lil' Bloomers' Staff and/or local newspapers/magazine companies to photograph my child, \_\_\_\_\_, while at daycare.      (list child's full name)

I understand these pictures are for fun and will be taken in a positive manner. I also understand my child's name will not be listed when pictures are used in the newspapers or magazines.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Snack Menu For the week of:

AM Snack/ PM Snack	Monday	Tuesday	Wednesday	Thursday	Friday
AM Snack	Cereal Bar And Grapes	Yogurt And Apple slices	Peaches and Graham Crackers	Applesauce And Oatmeal	Cereal Mix w/ Raisins
PM Snack	Fruit salad Yogurt and Water	String cheese And Pretzels Water	Cheese Bagel Bites and Juice	Applesauce and Animal crackers Water	Veggies w/ ranch and Apple Juice

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