

Registration Form

Name of Child _____ Enrollment Date ____/____/____
 Birth date ____/____/____ Sex (circle one) F M Last 4 digits of SNN _____
 Home Street Address _____ Phone # _____
 City _____ State _____ Zip _____
 Mother's/Guardian's Name _____ Phone # _____
 Driver License # _____ SSN # _____
 Employer _____ Work Phone # _____
 Father's/Guardian's Name _____ Phone # _____
 Employer _____ Work Phone # _____
 Driver License# _____ SSN# _____
 e-mail: _____

Check the days your child will be attending the center: __ Mon __ Tues __ Wed __ Thurs __ Fri

Arrival time: _____ Departure time: _____ Varies: ()

*Variable schedule needs to be turned in by Friday before the new week starts.

Emergency Contacts (Other than Parents) and Persons Authorized to Pick -Up the Child

Name	Relationship to child	Address	Phone#

Out of Area/State Contact Name	Relationship to Child	Address	Phone #

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and /or provide emergency medical transportation for my child.

_____/_____/_____
Signature of Parent or Guardian Date

I hereby grant Little Seed Evolution Child Care Center LLC, provider permission to transport my child in the provider's vehicle for the following (optional):

- To and From School and/or activities. Name of the school: _____
- Day to be picked up _____ Time: _____ Early out on: _____ Time _____
- Days to be dropped off: _____ Time: _____
- Field Trips (with written permission in advance)
- Other: _____

_____/_____/_____
Signature of Parent or Guardian Date

Child Health Assessment

Name of Child _____ Birth date ____/____/____

Check All That Apply:

Does your child have any known allergies or sensitivities to:

If yes, please list:

No Yes - Medications _____

No Yes -Foods _____

No Yes -Other _____

Illnesses or Medical Conditions:

Does your child have any of the following?

No Yes -Asthma

No Yes -Diabetes

No Yes- Seizures

No Yes- Heart Problems

No Yes - Hearing Impairment

No Yes -Visual Impairment

No Yes - Developmental Delays

No Yes - Physical Impairment

No Yes - Behavioral or Emotional Problems

Other: _____

List any additional health information or special instructions you feel we need to be aware of:

List any regular medications your child takes: _____

Name of Child's Medical Provider: _____

Phone Number of Medical Provider: _____

_____/_____/_____
Parent / Guardian Signature Date

Child's Name: _____ Guardian's Name: _____

PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

We would like to take pictures during Little Seed Evolution activities. We are asking your permission to use these pictures, in our newsletter, decorations or on our bulletin board. We also will never sell these pictures; we will use them exclusively for Little Seed Evolution purposes.

Please take a moment to let us know your preference regarding our use of photos of your children:

___ Yes. I grant you permission to use photos of my child on Little Seed Evolution bulletin board, center decorations and/or newsletter.

-OR-

___ NO. Please do NOT take or use any photos of my child.

Parent/ Guardian's Name and Signature

Date

Ages & Stages Questionnaire

Because your child's first 5 years of life are so important, we want to help you provide the best start for your child. It is important to ensure that each child's development proceeds well during this period. With this program we will be able to provide activities to encourage your child's development and to better know your child.

- I wish to have my child participate in the Age & Stages program.
- I do not wish to participate in the Age & Stages program and understand the purpose of this program.

Parent's or guardian signature

Date

Child's Name

Date of Birth

Was the child born 3 or more weeks prematurely? _____

Number of Weeks: _____

Child's primary physician: _____

Child's Name: _____ Guardian's Name: _____

Please read carefully the policies and procedures

Little Seed Evolution Child Care Center LLC, will not administer any type of medication. Parents are responsible for all medical care while in the center.

Little Seed Evolution Child Care Center LLC, is not liable for injury sustained to the client or their child or for loss or damage to any property while the child or client is on the grounds. You will be responsible for all medical care while your child (ren) is in our care or on the grounds.

I (parent/guardian) give permission to staff members to carry my child when needed.

Little Seed Evolution Child Care Center LLC understands that your child may be absent due to illness, but our teachers will be working, our center will be open and your child(ren)'s spot is reserved. For that reason we need to charge half rate. In order for your account to be credited half rate, your child needs to miss two consecutive scheduled days or more, and a doctor's note stating your child's illness and when he/she may return to the Center is required.

Little Seed Evolution Childcare will release a child into the care of his/her legal guardians, as listed above. Little Seed has no rights to with hold a child from his/her legal guardian without legal court documentation. No child will leave the center without proper ID until staff becomes familiar with persons authorized to pick up.

- All registration fees are non-refundable.
- Payment for each month is due on or before the first day of the month. Please note that we do not send monthly statements. Statements may be requested and are available at the front desk.
- We offer a 5% discount if paying tuition in full for the month by the 5th of each month for those that do not receive State assistance. Payments are considered late by the 6th of the month for monthly payments. A \$20 late fee will be charged for any payment after the 5th.
- Payments for each week are due on Monday. Late fees will be charged at \$20 a week each Tuesday. (If Holiday falls on Monday the late fee will be applied on Wednesday of the same.)
- Returned checks will be charged a \$25 fee.
- Any changes in schedules must be handled in writing with the front desk a week in advance otherwise previous scheduled hours will be charged.
- Parents are responsible for all unpaid balances.
- Notification of a child's withdrawal from the center must be made in writing and given two weeks in advance or all fees will be applied.
- All field trips and activities must be paid for in advance in order for your child to participate.
- Should collection become necessary parents agree to pay all costs of collection including an additional collection of 35% whether or not the account is turned to an outside collection agency. Parents are also responsible to pay all court costs and attorney's fees should legal action become necessary.
- All policies and procedures written in parent handbook as previously stated are guidelines for care and Little Seed Evolution reserves the right to enforce all or any items as deems necessary.
- I have read and understand the terms of the above Payment Policy, also I have received a copy of the parents handbook and agree to abide fully by its terms.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

State Subsidized Care Policy: All previous policies apply.

When your child care is subsidized by the State of Utah, your case is reviewed and they determine the amount that will be paid towards your child care. The difference between what the state agrees to pay and what the contracted child care service cost is the obligation of the parent. The state may not pay 100% of the child care costs; any UNPAID portion is considered a co-payment and MUST be paid by the parent.

When enrolling your child, we must receive payment in full from the date your child enters our care. This includes registration fees, tuition costs, transportation, etc. When the state does approve your funding, any amount that has been double-paid will be reimbursed to you in the form of a check within 3 business days of the state payment.

- The State payment is available on the Utah Horizon Card by the 1st of each month.
- Your payment, either from the Horizon card or personal payment is due by the 1st of each month.
- If you owe a co-payment, you will have until the 5th of the month to pay your portion in full or late fees will be applied.

I have read and understand the terms of the above Payment Policy, also I have received a copy of the parents handbook and agree to abide fully by its terms.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____