

Little Castle Learning Center Enrollment Packet (2020)

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Please attach Immunization Record

**\$50.00 Application Fee
(Non Refundable)**

Date Received: _____

Received By: _____

Information Sheet

Child's Name _____ Nickname _____

Father/Guardian's Name:	Mother/Guardian's Name:
Occupation:	Occupation:

Siblings/ages	Grandparents/other relatives	Pets

Country of Origin/Ethnicity: _____

Mom _____ Dad _____ Child _____

Have you lived in any other countries? If so, where?

Child's First Language (main language spoken at home): _____

Other languages spoken at home:

Other languages spoken by close relatives (grandparents, aunts, uncles, etc.):

Would you be interested in helping your child's teacher prepare labels for common classroom items in your home language? YES NO

Has your child had previous preschool experience? _____

When? _____ Where? _____

What is your child's progress regarding toilet training?

- Not begun Trained, but needs reminders Self-reliant
 Other (please explain)

Have you moved within your child's memory? Yes or No

If Yes, when?

Are there any special cultural/holiday celebrations you would like to share with your child's classroom?

Are there any special cultural/holiday celebrations from which you would like to exclude your child?

Are there any other ways that you would like to help Little Castle celebrate your cultural backgrounds? If so, how would you like to participate?

Does your child have any special medical problems? If so, please explain.

Was your child born more than 3 weeks premature? Yes No How many weeks premature? _____

Is your child receiving services from other agencies for developmental or physical delays? Please explain.

If your child is receiving services from other agencies for delays, would you be willing to include your child's Little Castle Teacher in the IFSP/IEP process? Yes No

Are there any special circumstances that may be affecting your child's behavior? (Death, divorce, new baby, hospitalization)

Do you have any other special concerns/suggestions regarding your child's transition to LC? If so, please explain.

Little Castle (LC)

Release of Liability

Dear Parents,

Little Castle has a medical insurance policy and a general liability policy. This form is necessary to satisfy these insurance requirements.

LC is concerned for your child's safety at all times. Teachers and parent volunteers work to keep the physical environment safe, quickly eliminating any hazards or dangerous areas that may develop. Activities are planned with awareness of any safety precautions that may be necessary, and are planned to be appropriate to the abilities, skills, and confidence of the children involved. The staff is required to know where each child is at all times. Teachers take first aid training every couple of years to be prepared for the inevitable bumps and scrapes that occur when children are active and busy. Also, on field trips, a seat belt or a child-restraining device is required for each child riding in a car, and no child may ride in the front seat of a vehicle.

Parents must help keep their child safe at LC:

1. Be sure your child's teacher acknowledges you when you leave your child or when you pick him/her up.
2. Notify LC if someone else will be picking up your child. The teachers will not release a child to anyone else unless they have permission directly from the parents. Teachers will not release a child to anyone under 18 years of age, including siblings.
3. Dress your child for active play: sturdy, non-slip soled shoes, pants, and no drawstrings, fancy ties, or belts that might catch on play equipment.

Release of Liability

In consideration of LC's agreement to accept my child in the LC program, I, the undersigned parent or guardian, agree to attach no liability to Little Castle, its Directors, members, employees, and agents for any damage to person or property resulting from attendance at LC.

Under no circumstance does LC assume responsibility for a child who is not brought to and picked up from the classroom by an adult.

I also agree to save LC, its Directors, members, employees, or agents from liability in case of accident at LC.

Child's Name (please print)

Parent/Guardian's signature

Medical Questionnaire

Does your child have any medical conditions Little Castle should be made aware of?

Does your child have any problem with any of the following?	Has your child had any of the following?
<input type="checkbox"/> Constipation	<input type="checkbox"/> Asthma
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Impetigo
<input type="checkbox"/> Lice	<input type="checkbox"/> Measles
<input type="checkbox"/> Ringworm	<input type="checkbox"/> German Measles
<input type="checkbox"/> Skin rash	<input type="checkbox"/> Polio
<input type="checkbox"/> Soiling	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Upset Stomach	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Urinary Problems	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Worms	

Medical Information

Child's Name _____
(PLEASE PRINT)

Date of Birth _____

Name of doctor _____

Phone _____

Date of child's last well child check _____

Date of child's last vision/hearing screening _____

Name of dentist _____

Phone _____

Date of child's last dental screening _____

I give permission for my child, _____, to be treated or transported in case of an emergency.

Signature of Parent/Guardian

Date

Allergy Information

- My child does NOT have any known allergies
- My child has asthma (you MUST fill out a medication form for treatment directions)
- My child has an allergy to the following:

Food	Reaction	Severity of reaction	Treatment
		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	<input type="radio"/> None <input type="radio"/> Antihistamine <input type="radio"/> EpiPen
		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	<input type="radio"/> None <input type="radio"/> Antihistamine <input type="radio"/> EpiPen
		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	<input type="radio"/> None <input type="radio"/> Antihistamine <input type="radio"/> EpiPen
		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	<input type="radio"/> None <input type="radio"/> Antihistamine <input type="radio"/> EpiPen
Animals/Bugs	Reaction	Severity of reaction	Treatment
		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	<input type="radio"/> None <input type="radio"/> Antihistamine <input type="radio"/> EpiPen
		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	<input type="radio"/> None <input type="radio"/> Antihistamine <input type="radio"/> EpiPen
Medication	Reaction	Severity of reaction	Treatment
		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	<input type="radio"/> None <input type="radio"/> Antihistamine <input type="radio"/> EpiPen
		<input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe	<input type="radio"/> None <input type="radio"/> Antihistamine <input type="radio"/> EpiPen

NOTE: If you have checked for your child to be given medication you MUST fill out a separate medication form.

Signature of Parent/Guardian

Date

Emergency Information

Child's Name _____ **Date of Birth** _____
 (PLEASE PRINT)

Age _____ **Gender:** Female Male **Child's Nickname:** _____

Address: _____ **Mailing Address:** _____

Phone Number(s): Work _____ Cell _____ Home _____

Father/Guardian:	PIN #	Mother/Guardian:	PIN #
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	

You must submit a copy of any custody court documents with the office if there are any restrictions against the child's parent picking up or visiting while they are under the care of LC. Without the proper paperwork LC is not able to prevent your child from being picked up by their parent.

Child Release/Emergency Contacts

Please list below the names and phone numbers of people (other than the child's parents/guardians) who are authorized to pick up your child from LC. **Please mark at least 2 of the contacts as Emergency Contacts.** We will contact these people in case of an emergency, if we are unable to reach parents/guardians.

Emergency Contact	Name	Relationship to child	Phone Number <i>(please indicate which phone # is listed)</i>	OFFICE USE ONLY
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	PIN #
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	PIN #
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	PIN #
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	PIN #
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	PIN #
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Work	PIN #

Little Castle prefers that you notify us on the day that anyone on this list will pick up your child. Please come to the office when you need to add individuals to this list. For the safety of the children, staff will ask unfamiliar individuals to present identification.

Under no circumstances will a child be released to anyone who is not on this list.

Signature of Parent/Guardian

Date

Little Castle

Child's Name _____

Birth date _____

Start date _____

End date _____

<u>Classrooms *</u>
<input type="checkbox"/> Great Hall (6-12 yrs old)
<input type="checkbox"/> Magical (4-5 yrs old)
<input type="checkbox"/> Royal (3-4 yrs old)
<input type="checkbox"/> Dwarf (2-3 yrs old)
<input type="checkbox"/> Enchanted (1-2 yrs old)
<input type="checkbox"/> Wild Kingdom (0-1 yrs old)

<u>Days</u>	<u>Times</u>
<input type="checkbox"/> Monday	_____ to _____
<input type="checkbox"/> Tuesday	_____ to _____
<input type="checkbox"/> Wednesday	_____ to _____
<input type="checkbox"/> Thursday	_____ to _____
<input type="checkbox"/> Friday	_____ to _____

I understand and agree to the following conditions:

Monthly Tuition is \$ _____

PRN Tuition is \$ _____

- Due by the 15th of the month
- A 10% late payment fee will be charged for balances not paid in full by the monthly deadline unless arrangements have been made in advance with the Director
- Tuition is charged by the month regardless of attendance

Late fees

- A fee of \$16.50 for every 15 minutes or fraction thereof will be charged if:
 - A child is picked up later than their contracted schedule
 - A child drops in without prior Director approval

Drop-in Policy

- Drop in child care is offered on a space available basis
- Arrangements for drop in care must be preapproved by the Director 24hrs in advance
- Without prior approval, you will be charged the late fee rate instead of the drop-in rate (*refer above for late fee rate*)
- The drop in rate is \$13.98 to 28.00/ for 0 to 5hrs. (*subject to change with a one month notice*)

Change of Schedule Fees

- Any schedule changes will be effective on the 1st of the following month
- A change of schedule fee is charged for any schedule changes made after the initial registration:
 - \$15 for the first change
 - \$30 for the second change
 - \$45 for the third change
 - \$60 for all subsequent changes

Enrollment Policies

- Parents/Guardians are expected to read the Parent Handbook and be familiar with and abide by its contents
- The Parent Handbook is available to every family in the following locations:
 - In the office for a hard copy
- At least one parent/guardian from each family new to LC is required to attend a New Parent Orientation
- Each child's most current Immunization Record is due 5 business days prior to the first day of attendance
 - A new Immunization Record should be delivered to LC any time a child has received new immunizations

Holidays and Breaks

- We will be CLOSED on the following days:
 - Public holidays: *New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the day after Thanksgiving Day, Christmas Eve, Christmas Day, the day after Christmas.* Tuition is not reduced for holidays.
 - Any day the Board of Directors deems necessary or beneficial for the center.

Withdrawal Policy

- Little Castle requires 14 days written notice before withdrawing a child
- Failure to provide 14 days written notice of early withdrawal will result in a forfeiture of the Tuition Deposit

Print Parent Name: _____

Parent Signature: _____ Date: _____

LITTLE CASTLE FAMILY COALITION (LCFC)

We want to build strong partnerships with our families and community members, and we invite you to help in this initiative. We find that families who get involved in LCFC events have greater satisfaction with and understanding of our program, and their excitement transfers to their children. Children are excited to see their families involved. It's a positive and FUN experience for everyone!

LCFC Members

- 1 parent from each classroom (totaling 5 parents)
- Director/Lead Teacher

LCFC Responsibilities

- Each Parent Rep will lead the events assigned to their classroom (*classroom assignments are color coded below*)
- The Parent Reps will work together to recruit and coordinate volunteers from the whole center/community
- LCFC will meet monthly at a time and place of their choosing to discuss event progress/status/needs

Family Volunteer Hours

- Each family is responsible for completing volunteer hours:
 - Classroom volunteer hours
Each family will volunteer 2 hours for summer, 5 hours for summer and fall, and 3 hours for fall in their child's classroom
Your child's teacher will post volunteer opportunities

Event volunteer hours

- Each family will volunteer at 2 events coordinated by LCFC (Little Castle Family Coalition)
- Refer to the LCFC flyer in the registration paperwork for more information on how to sign up for the events
- If the family does not complete their volunteer hours by the end of their contracted period:
 - A \$10 fee will be charged for each classroom volunteer hour not completed.

Return this portion with your registration paperwork

- YES, I'm interested in being a Parent Representative for Little Castle Family Coalition!**
 ○ **By signing up as a parent representative ALL of your volunteer hours are completed!!**

<input type="checkbox"/> Wild Kingdom	<input type="checkbox"/> Enchanted Palace	<input type="checkbox"/> Dwarf Palace	<input type="checkbox"/> Great Hall	<input type="checkbox"/> Royal Palace	<input type="checkbox"/> Magical Palace
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- NO, I'm not interested in being a Parent Representative for LCFC but I want to volunteer at the following events (events are subject to change):**

<input type="checkbox"/> Fall Fiesta (September or October)	<input type="checkbox"/> Parade Events (may include 4 th of July, Artesia Home Coming)
<input type="checkbox"/> Family and Community Education Events (held quarterly)	<input type="checkbox"/> Family Events (held quarterly – staff will determine theme & dates)
<input type="checkbox"/> Donor recruitment	<input type="checkbox"/> Center Pictures (Fall and Spring)
<input type="checkbox"/> Continuous Quality Improvement Committee (quarterly meetings during lunch hour)	<input type="checkbox"/> Additional fundraising events as suggested by office and committee
<input type="checkbox"/> Incident/Accident Committee (quarterly meetings during lunch hour)	<input type="checkbox"/> Corporate Rewards recruitment (e.g. Community Rewards Program, Goodshop, Goodsearch, Amazon Smile, etc.)

Please sign up for at least 2 school events that you would like to volunteer at. You will be contacted at the appropriate time with more details about these events.

Print Name:	Phone:	Email
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**CHILD AND ADULT CARE FOOD PROGRAM
Letter to Households**



Instruction: This letter must accompany the Income Eligibility Application

Dear Parent/Guardian or CACFP Participant:

Participates in the Child and Adult Care Food Program (CACFP)

Name of Center and phone #

administered by the United States Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your family day care center is eligible to receive for the meals served to children and/or adult participants in our program. This form will be treated as confidential information. All participants in our program receive their meal free of charge, but the determination of eligibility category affects the amount of federal funding we receive.

A foster child enrolled in our program that is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please refer to the instructions on how to complete the Income Eligibility Application form.

* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

If your household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center you need to only list the case number sign and date the form. If your household is receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center then you need to only list their case number sign and date the form. Otherwise an adult household member must complete form and disclose total current household income by source, and the names of all household members. The person completing the form must sign and provide a social security number and date the form when it was completed.

The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide your annual income or you may use last year's income if no significant changes have occurred. If your households' income is equal to or less than the amounts indicated for your households' size on the chart below, your provider may qualify for maximum reimbursement rates.

(Effective from July 1, 2018 to June 30, 2019)

Household Size	REDUCED PRICE MEALS		
	Year	Month	Week
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For each additional family member	+7,992	+666	+154

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136.

The Children, Youth and Families Department/Family Nutrition Bureau is the State Agency administering the Child and Adult Care Food Program in New Mexico, for any program assistance or information concerning the administration of the program, write to CYFD/Family Nutrition Bureau, P.O. Drawer 5160, 1920 Fifth Street, Santa Fe, New Mexico 87502-5160 or call (505) 827-9961, 1-(800) EAT-COOL.

Thank you for your cooperation.

Sponsor/Center Official

Organization

Date

New Mexico, CYFD/Family Nutrition Bureau
Child and Adult Care Food Program (CACFP)
Instructions for Completing the Income Eligibility Form (IEA)

[Participant Enrolled At the Center]

- ✓ List name of all enrolled participants that you are applying for which are in care.
- ✓ List each enrolled participant's date of birth and age.
- ✓ If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.
- ✓ If the participant enrolled is in child day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps or Food Distribution Program on Indian Reservation (FDPIR), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information. If the participant enrolled is in adult day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.
- ✓ If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (household and Income information)

HOUSEHOLD AND INCOME INFORMATION

(Not completed if case# is provided above)

- ✓ List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- ✓ Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing the application
- ✓ The income reported on the application must include all income before taxes and before other deductions.
- ✓ A foster child, defined as a ward of the court or welfare agency, is to be listed separately so that there is only one foster child per form. Only the foster child's "personal use" income is listed. Personal use income includes:
 - Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income
 - Money received from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

SIGNATURE

- ✓ The adult family member completing the application must sign and date the application.
- ✓ If the enrolled participant is not a recipient of benefits and has not provided a case number, the adult family member signing the application must provide a social security number.
- ✓ If you do not have a social security number, check the "box" provided. Otherwise failure to provide the social security number, if you have one, will make the income application IEA invalid and will reduce the level of CACFP reimbursement your family day care center receive for meals served to the children and/or adult participants enrolled for care in their center.

Institution Name: _____

Agreement Number: _____

Facility/Provider Name: _____

Child and Adult Care Food Program (CACFP) Participant Enrollment Form

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. (In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)

Parent/Guardian Please Complete:

Participant's (Child) Name: _____ Date of Birth: _____ Age: _____

Sex: Male Female

Date participant enrolled in the facility: _____

Food Allergies: Yes No

If "yes" specify: _____

(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be provided.)

Check Days of Normal Care at facility: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Check meals normally eaten at facility: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Please list the normal times of arrival and departure (check AM or PM) Arrive: _____ am pm Depart: _____ am pm

School Times: Depart: _____ am pm Return: _____ am pm

If participant is an infant (0-11 months), please complete this box below. Check all applicable choice(s).

This institution/ facility offers _____ formula for infants through CACFP. It is our choice

(To be completed by facility/provider)

whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

I will use the formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff.

I will not use the formula offered by this facility.
If not, which formula will you send for your infant? _____

If the formula you provide is a special formula, a medical statement must be submitted.

I will provide breastmilk for my infant.

My infant is four (4) months old and older and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which is/are allowed under 7CFR 226.20 (b)(2)(3)(4).

Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

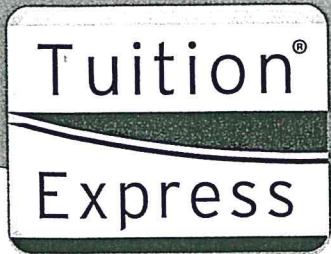
Work Telephone Number: _____ Check Work Shift: 1st 2nd 3rd Other (Specify) _____

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: _____ Date: _____

Date the Participant Withdrew: _____

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express - a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date.

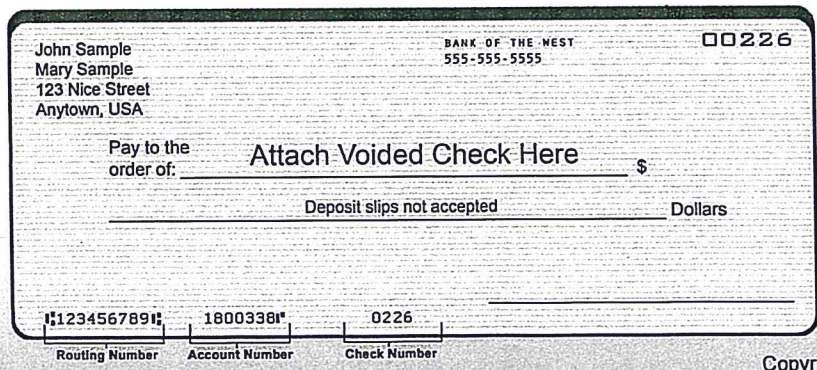
SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings.

Authorized Signature and Date fields.

For Official Use Only

Form fields for official use: Date Received, Employee Signature.



Permission for Ages and Stages/Social Emotional Observation & Assessment tools at Little Castle Learning Center

During your child's first few years of life, many important skills are developing. These skills are the key to success in school and throughout life. We believe that it is very important to monitor the growth and development of each child in our school. With your permission, we will implement an ongoing monitoring process of your child. This process will include the administration of a formal assessment tool, the Ages and Stages Questionnaire and Social Emotional Screening that will be completed by parents, as well as observation, anecdotal records, and developmental checklists that may be performed by teachers and/or supervisors. The screening tool will be completed within 45 days of attendance. The results of the assessments and observation will be kept in confidence. Any areas of concern will be discussed with you immediately. Please indicate below if we have your permission to perform these observation and assessments. Children's records will be kept confidential. Access to records will be limited to director, team supervisor, and/or teachers in order to plan appropriately for each child's needs. Classroom anecdotal records, conference forms, and notes regarding parent conversation will be kept by the lead teacher in the classroom. Individual records will be kept in a locked cabinet either in the classroom or in the administrative offices. Parents will have access to all records and information will not be shared outside of the facility without written permission from the parent or guardian. Children's records will be used to screen and assess growth and development. This information will be used for referrals to area specialists, individualized plans for children, and parent/teacher conferences.

I, _____ (*Parent Name*) give permission for Little Castle Learning Center to monitor my child's developmental progress through the use of observation, anecdotal records, developmental checklist, and the Ages and Stages/Social Emotional Screenings.

Child's Name (Please Print) _____

Parent's Name (Please Print) _____

Parent or Guardian Signature _____

Little Castle Learning & Development Center
108 South 14th
Artesia, NM 88210
575-746-9642

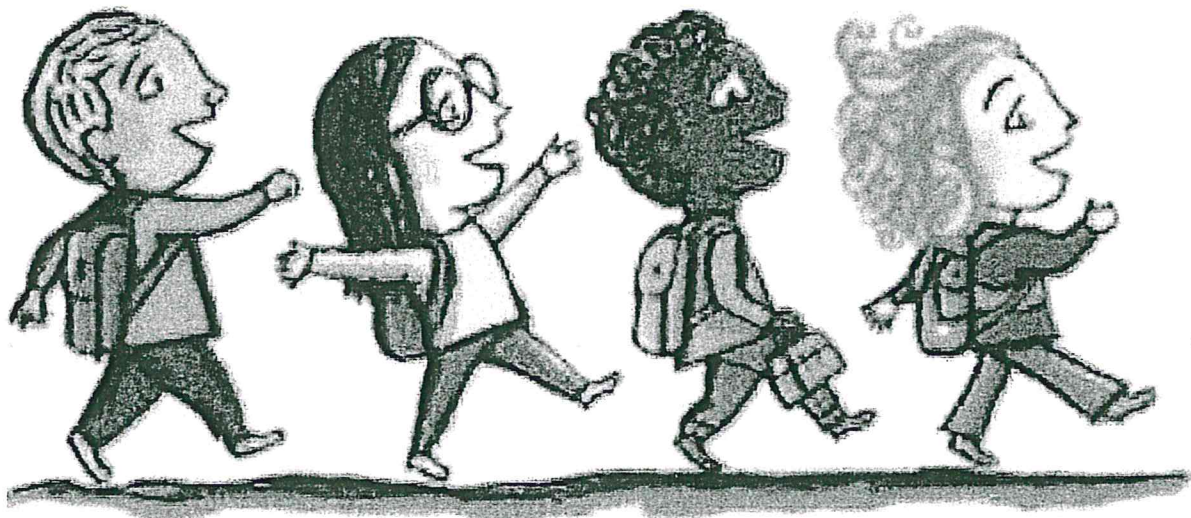
_____, Has my permission to go on a walking field trips around town with an authorized staff member of Little Castle Learning & Development Center. The field trips could include walks to local parks, the movie theater, Library, restaurants, Splash Pad, Artesia Center, grocery stores and other local attractions.

Date: _____

(Signature of Parent)

**Little Castle Learning & Development Center will notify parents when trips are planned and the approximate times we will be departing/returning. Little Castle will also be providing a weekly schedule for the activities that the children will be attending. Staff will have the contact information from the children's files for any emergencies that may arise during the field trips, please make sure that all information is up to date.

If there are any questions or concerns or you would like to volunteer time to help assist with the planned activities regarding your child contact the center.



Little Castle Learning & Development Center
Permission to Photograph

I, _____
 (parent's or guardian's name)

give permission for

Little Castle Learning & Development Center

to photograph my child, _____
 (child's name)

for the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in facility's scrapbook		
Give photographs to current families		
Display in facility's bulletin boards, shown to current and prospective families		
Display still photos on facility's website *		
Display photo on facility's Facebook page		
Use still photos in promotional materials		
For use in classroom activities such as art, classroom books, ect		
Videos:		
Give video to current parents		
Display video on facility website		
Display video on facility Facebook page		
Use videos in promotional materials		
Other:		
Give Christmas video to current families		
Give Graduation video to current families		
Facility Newsletter		

* only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or guardian signature, and Date)