

# Little Learners



## Parent-Provider Agreement

1. This agreement contains the financial terms that are agreed between:

Parent(s): \_\_\_\_\_ and \_\_\_\_\_

Preschool Provider: Little Learners Preschool Phone: (208) 320-0937

Address: 1260 E. Pleasant Ave. Email: littlelearners2020@gmail.com

Challis, ID 83226

FOR THE CARE OF: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

The hours and days we have agreed that Little Learners Preschool will provide education/care for our child/children are:

	Monday	Tuesday	Wednesday	Thursday
Drop-off				
Pick-up				

For the length of: (You may choose more than one)

- Sept, Oct, Nov, Dec(Fall/Winter)
- Jan, Feb, Mar, Apr, May (Winter/Spring)
- June, July, Aug (Summer)
- 12 months (Sept-Aug)
  - Please notify me in writing if there's any changes to be made to your hours
  - 30 days notice and my approval is required before changes are made

2. Basic Rates and Payment Policies

Ages 3+ Required to be Toilet Trained	4 Days/ Week	3 Days/ Week	2 Days/ Week
All Day School M-TH 7:30-5:30	\$500/mo.	\$400/mo.	\$300/mo.
*After School Enrichment M-TH 12:00-5:30 *Drop off only, I cannot pick up from school	\$300/mo.	\$250/mo.	\$225/mo.
Morning School Only M- TH 7:30-12:00	\$225/mo.	\$200/mo.	\$175/mo.

A. Parents agree to pay according to schedule.

We have agreed to pay \$ \_\_\_\_\_ ( ) Monthly

- Invoices will be provided to you in the middle of each month through an email
- Payments are due 5 days before new month begins
- You may pay through QuickBooks link on invoice by bank transfer, credit, check, or cash
- Receipts will be available on date of payment

### 3. Other Charges

A. There will be no charge for snacks served in the school or extra supplies needed for your child's education, unless donated.

B. Extra Fees:

Overtime rate (unplanned):	\$0.25/per minute
NSF Checks	\$30.00/item
Late payment	\$5.00/day up to 5 days after new month begins
Enrollment Fee:	First Month Payment
Waitlist Fee:	\$25.00

I/we understand that in the event Little Learners Preschool is not paid for services rendered up to the termination date:

- First action: Little Learners Preschool reserves the right to give written notice and take action by not providing care for my child/children until payment is made for services.
- Second action: Little Learners Preschool also reserves the right to give a written notice and take action at which time I will be taken to small claims court where court & attorney fees and loss of income will also be added to the bill.

By signing this form, you agree to:

- Pay as per schedule and to pay for any charges incurred on my account as deemed necessary by Cindy. I agree to discuss any problems with her as they arise.
- Abide by all guidelines and to respect all policies and terms. I agree to the financial terms set out in this contract.
- Give a 30-day written notice to Cindy if any information in this contract changes or needs to be altered in any way.

Little Learners Preschool agrees to respect all opinions and comments made by parents and to provide the best of care and education for the child/children whom they are enrolling.

This agreement will come into effect on: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing below, you agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Teacher Signature	Date

# Little Learners



## Policies

The following expectations pertain to Little Learners Preschool business policies. These policies are non-negotiable and are legally binding.

### Enrollment

- All forms must be completely filled out and returned before beginning school (5 days before).
- The client understands that medicine forms must be filled out before any medication will be administered.  
\_\_\_\_\_ (Initial)
- A 30-day notice and month's payment must be given if parent decides to terminate their contract. \_\_\_\_\_  
\_\_\_\_\_ (Initial)
- The parent understands Cindy is responsible for informing parent of any accidents occurring during the day. Accident forms are filled out, signed, and filed into child's history folder.

### Payments

- No spots will be reserved until a 1st month fee has been paid with enrollment forms (at least 5 days before new month).
- Little Learners Preschool does not accept post-dated checks for childcare. Check must be dated for the day services are being paid.
- If payments are to be made early due to holiday/closing it will be deposited the same/next day. You will be given 3 months notice of all holidays/closings, therefore date the check for the day given.
- Payments are to be made at least 5 days before new month with no exceptions.
- Late fees will be added daily beginning four days before new month. If your payment is not received by fifth day of new month your child will not be accepted into class until all fees are paid in full.
- You will receive one invoice mid-month, with possible reminders from QuickBooks.
- Returned checks will be assessed fees payable in cash or money order for:  
The full amount of the check  
A \$30.00 service fee my bank charges me, and  
Any additional fees incurred by me as a result of your check not clearing \_\_\_\_\_ (Initial)

### Hours/Vacation/Days off

- The price for full time tuition includes 10 hours a day, four days a week.
- The price per month averages out over our 12 month calendar year. We are a year-round school. Price will remain the same month to month.
- Parents will be charged for the full month whether the child comes for one day or all four. \_\_\_\_\_  
\_\_\_\_\_ (Initial)
- If you take a vacation, all of your monthly tuition will be due on the same date specified in your contract. If vacation is taken and not paid for, the slot may no longer be available. \_\_\_\_\_
- Full time students enrolled throughout the whole year will have one week vacation comped during one of their months enrolled. Time can not be split. \_\_\_\_\_
- You, the parent, are responsible to have a back-up provider when I am not available. I will assist you if needed to find a provider, but I am in no way responsible for any actions that occur while your child is in their care. \_\_\_\_\_ (Initial)

### Illnesses

- Parents should notify me if there has been an illness in the family over the weekend.
- A child will not be allowed to stay at school if there is a fever, diarrhea, or other contagious symptoms (see illness policy in parent handbook).

- Medication can be given if it is in the original container, labeled with the child's name, and I have a signed medical authorization with it.
- See separate illness guidelines for more info on specific illness expectations.

**Clothing and Supplies**

- Children's belongings (backpack, blanket, pillow, cozy, pencil box, slippers) must have their name written on it somewhere. I will not be responsible for lost items.
- Please dress your children appropriately according to the weather, I will take the children outside daily.
- You are to supply a change of clothing for your child (left at school or in backpack everyday).
- Dress your child in play clothes every day...something that you won't worry about getting a bit dirty. If there are special days, I will give notice ahead of time of what would be most appropriate for the occasion (Halloween, Harvest Feast, Christmas, etc.)
- See separate supply list for all specific needs.

**Discipline Procedures**

- In case of disciplinary measures, I use positive guidance/re-direction several times, and if necessary, a break from the action to refocus and use self-calming strategies. Your child may take a break by choice, before becoming overwhelmed or upset AND at times may be asked to take a break, if disrupting others' or his/her own learning. It will be a positive experience either way...no shaming, put-downs, etc. Just thinking through the problem and asking them to solve it, with my help as needed.
- If the child has a disciplinary problem that is serious, parents will be notified so we can take a course of action together to rectify the problem.

**Miscellaneous**

- Parents will supply a change of clothes each day (or left at school), even though their child is fully potty trained. \_\_\_\_\_ (Initial)
- Parents are responsible for a healthy lunch every day (if full or afternoon school option). No extra sugary, processed foods please! They are saved for special occasions:) 2% Milk, water, veggies, fruits, and other healthy snacks are provided.
- Parents will call before scheduled time of arrival if they are late or not coming that day and will tell me who is picking up child. (Late fees still apply). \_\_\_\_\_ (Initial)
- Parents will pick their child/children up at the door and will walk their child to the car. No child will be released to a honking horn.
- Only designated persons will be allowed to pick up the child/ren. \_\_\_\_\_ (Initial)
- We will walk up the block to 220 South 12th Street as well as the City Park for outdoor play 1-2 times per day. Doors will be locked at school and sign turned to Outdoor Play...be back soon. Parents may come to the address provided and always welcome to call my cell phone.
- Parents are responsible for providing a 30 day notice if they decide to terminate. Failure to provide such notice will result in being charged the full rate. Failure to pay these fees within 10 calendar days will result in being sent to small claims court.

By signing this form you agree that this is a legally binding form. Failure to abide by the policies mentioned will result in termination of contract. This policy agreement is subject to change with 30 days written notice.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Teacher Signature	Date

Child Information Form

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

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Chronic illnesses: \_\_\_\_\_

Any known allergies? (Asthma, Hay Fever, Insect Bites, Medicines, Food, etc.) \_\_\_\_\_

\_\_\_\_\_

Is your child Toilet Trained? \_\_\_\_\_

What words does your child use for toilet? \_\_\_\_\_

Are any medications given regularly? \_\_\_\_\_

Child's favorite foods, toys, activities, etc.: \_\_\_\_\_

\_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Briefly describe your child's behavior: \_\_\_\_\_

What makes your child mad or upset? \_\_\_\_\_

How does your child show feelings? \_\_\_\_\_

What do you find is the best way of handling your child? \_\_\_\_\_

\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Any disorders/developmental (low, advanced ability) diagnosed or suspected? \_\_\_\_\_

Any special needs required for your child? \_\_\_\_\_

Special family situations? (such as custody specifications, problems arising from situations, etc.) \_\_\_\_\_

Anticipated adjustment problems? \_\_\_\_\_

Has your child been taking an afternoon nap? \_\_\_\_\_

If so, how long? \_\_\_\_\_

If not, why no nap? \_\_\_\_\_

Special toy or blanket for nap time? \_\_\_\_\_

Name of previous daycare provider/center: \_\_\_\_\_

Reason for leaving previous daycare setting: \_\_\_\_\_

Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Fixed Rate Tuition Schedule and Break/Absence Policy**

### **What is included in your child's tuition?**

- Quality care, education and materials
  - Snacks twice daily
- Outings, Special Events and Activities
- A safe, loving and caring environment where your child will learn, explore and play every day they are at Little Learners.
  - Class size is small for lots of attention for your little one.

Little Learners is a year-round school (no 3-month break), we will take small breaks spread throughout the year. These breaks are included in the tuition and are reflected in the reasonable fixed monthly tuition rate.

The goal at Little Learners is to have your child here the days they are scheduled to teach them and help them grow in their love for learning. The tuition is a fixed rate for the convenience of families to always know what is due and when; and for me to know what to expect every month for (daily food, supplies, curriculum materials, rent, utilities, insurance and income.)

I will make every effort to accommodate families when a child is sick, like having them come another day to make up the time they missed, when space is available. For full time, year-round students, your child will have 4 sick days throughout the calendar year. At the end of the calendar year you will be refunded or comped for those sick days that were taken.

For vacations or planned trips, we won't be able to make up the time. When planning trips and vacations, please keep our school calendar in mind. Our school calendar closely follows Challis School District School Calendar.

I know that life happens, and emergencies happen... I will always take that into account, communication is key.

### **I understand the tuition and break/absence policies:**

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

\_\_\_\_\_  
Teacher Signature

**Please let me know if you have any questions or concerns regarding the calendar and tuition/schedule and break policies. We can meet and discuss.**

**LIABILITY RELEASE WITH PARENTAL CONSENT  
FOR MEDICAL/EMERGENCY  
TREATMENT AND TRANSPORTATION**

CHILD'S NAME .....DATE OF BIRTH.....

ADDRESS .....PHONE NUMBER .....

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child, hereby consent to the participation by the child in all school activities conducted by Little Learners Preschool and to the participation of the child in all events related to said activities.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Little Learners Preschool to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned(s) hereby further authorize(s) emergency transportation by either Little Learners Preschool personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Little Learners Preschool shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

The school is well child-proofed and the children are well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the day care and agree(s) to release, indemnify, defend and forever discharge Little Learners Preschool and its staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the school.

Signature of Parent(s)/Guardian(s)

.....Date.....

ABSENT PARENT PERMISSION FOR EMERGENCY MEDICAL CARE

In the event that my child, \_\_\_\_\_, may require medical care when I am unable to be reached, I hereby authorize evaluation and treatment as deemed necessary by the \_\_\_\_\_ hospital.

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

Allergies: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

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Surgical History: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_

Person(s) able to provide authorizing signature when parent(s) are unable to be reached:

- Little Learners Preschool
- (Emergency Contact): \_\_\_\_\_
- (Emergency Contact): \_\_\_\_\_

Date of permission signature: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

**AUTHORIZATION IS TO BE LEFT WITH THE RESPONSIBLE ADULT AND PRESENTED TO THE HOSPITAL STAFF AT THE TIME EMERGENCY MEDICAL AND/OR SURGICAL CARE IS REQUIRED**