

# Little Explorers Learning Academy

1687 E Horsehaven Ave, Post Falls  
2021-2022 School Year Registration Form

Child's Full Name \_\_\_\_\_

Sex: F / M Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Texting? \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Texting? \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Address(if different) \_\_\_\_\_  
Street City State Zip

If separated or divorced, is the other parent allowed to pick the child up? Y or N (*Legal Documentation Required*)

Dr's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Provider \_\_\_\_\_

## EMERGENCY CONTACTS & PERSONS WHO MAY PICK UP *if parents cannot be reached:*

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

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

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

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

How did you hear about Little Explorers Learning Academy? *Check below:*

Friend(s)  Family  Co-workers  Internet  Other \_\_\_\_\_

What other childcare facilities or school has your child attended?

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**\* In case of a medical emergency, permission is granted to Little Explorers Learning Academy to meet the needs of my child in caring for the emergency. I, the parent, agree to care for the expenses so incurred.**

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

\_\_\_\_\_  
Date

*Registration form continues on back*

  
2021-2022 School Year

## Health Record

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

**We are required by Idaho State Law (Idaho code 39-1118) to keep current immunization records on file. Please provide documentation of your child's immunization record. A Certificate of Exemption is required to be exempt from immunizations. Immunization records or an exemption form must be on file before your child may attend.**

My child has had these communicable diseases: (Give approximate dates)

Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_

Are there any medications taken regularly by child? Please list: \_\_\_\_\_

Has your child had a recent medical check-up? \_\_\_\_\_ What were the results? \_\_\_\_\_

Health problems Little Explorers needs to be aware of:

Allergies \_\_\_\_\_

		<i>Epi-Pen Required?</i>			
		Y	N		
Eczema _____	Vision Loss _____			Hearing Loss _____	
Seizures _____	Asthma _____			Diabetic _____	
Other? _____					

Please explain anything you feel we need to know about your child's health: allergies, behavior, special needs, etc.

\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received services from:    Harding Family Center \_\_\_\_\_ Physical Therapy \_\_\_\_\_  
Speech Therapy \_\_\_\_\_ Occupational Therapy \_\_\_\_\_ Developmental Disabilities Agency \_\_\_\_\_  
Infant/Toddler Program \_\_\_\_\_ Other \_\_\_\_\_

**THE ABOVE INFORMATION IS CORRECT AS OF THIS DATE:** \_\_\_\_\_

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

\_\_\_\_\_  
Telephone #

**Don't forget to bring in a copy your child's immunization records!**

## Payment Agreement

### REGISTRATION FEES

- A \$100 non-refundable fee is due at the time of registration

### SCHOOL BILLING

- Statements will be given out during the first week of each month. You may request a statement that shows past and current payments at any time. Tax statements are available upon request.
- Payment is due by the 10<sup>th</sup> of every month.

### ICCP

- Little Explorers Learning Academy does accept ICCP students.
- ICCP families must pay the registration fee up front and this fee will be listed as a credit when reimbursed by ICCP.
- The family's co-pay must be paid by the 10<sup>th</sup> of each month or a \$25 late fee will be assessed.

### LATE FEE

- Tuition payments are due no later than the 10<sup>th</sup> of each month.
- **After the 10th, a late fee of \$25 will be assessed and will continue to be assessed monthly until the bill has been paid in full.**
- **After one month of non-payment your child may lose his/her space in our program if fees have not been paid.**
- If you will be out of town or if there is a school holiday when tuition is due, it is your responsibility to **pay the tuition in advance.**

### LATE PICK-UP FEE

- It is **IMPERATIVE** that you **PICK UP YOUR CHILD ON TIME**. We realize there can be extenuating circumstances, but please keep in mind that our teachers have other commitments following school hours.
- Call the office if there will be a problem picking up your child.
- We recommend that you have a back-up person on file that can pick up your child in an emergency.
- A charge of \$2 per minute will be assessed when you are late.

### TERMINATION OF SERVICES

- Upon your child's acceptance into our school, you are financially obligated to Little Explorers Learning Academy for the payment of tuition. If you withdraw your child from the school, you obligate yourself for full payment of tuition through the last day your child is in attendance. Two weeks' notice must be given before enrollment is terminated.
- We reserve the right to terminate enrollment due to extreme discipline problems or failure to pay tuition.

**I have read the Little Explorers Learning Academy's Handbook, and I agree to abide by the Policies listed including the Payment Agreement Contract.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

(For extended care only)

Approximate drop off time: \_\_\_\_\_AM

Approximate pick up time: \_\_\_\_\_PM

Days of enrollment

Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_

## Little Explorers Learning Academy Parent/Center Agreement

The following conditions plus all policies in the Parent Handbook are understood and agreed upon between:

Little Explorers Learning Academy and \_\_\_\_\_, parent of \_\_\_\_\_  
(child's name)

### The Center agrees that:

1. In return for the tuition fees which the parent agrees to pay, the Center will give regular care to the above named child as stipulated below, except Saturday, Sunday, and the following holidays: New Year's Day, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day, and the day after Christmas.
2. The Center will exercise reasonable care and judgment, in all matters relating to the welfare and safety of the child.
3. In case of an accident or illness to the child, the teacher will promptly take such reasonable measures as are, in her judgment, in the best interests of the child, and will notify the parents as soon as possible.
4. Parents are responsible for the child's accident insurance.
5. Teachers will observe children daily for possible signs of illness. They will ask that a child not attend if symptoms of contagious disease are observed. The Center will send or post a notice in the event of any exposure to a contagious disease.
6. The Center will not release the child to anyone other than the parent or guardian unless there is permission from the parent or guardian.

### The Parent agrees that:

1. The parent will pay the Center in advance the monthly tuition fee of \$\_\_\_\_\_ for regular care given the above named child from \_\_\_\_\_AM to \_\_\_\_\_PM for \_\_\_\_\_ days per week, except Sat., Sun., and holidays listed. Responsibility for payment on time is that of the parent or guardian, not the Center. *Monthly fees are a set amount and paid whether the child is present or not. If parent or guardian sees the tuition fees cannot be paid on time, it is their responsibility to make acceptable arrangement for payment with the Director. If the acceptable arrangement for payment has not been made upon the payment due date plus two weeks of grace, the contract service to the child will be immediately terminated.*
2. The parent will not violate the hours of care agreed upon (including 10 hours as the maximum number of hours any child may attend as a "full day" of child care). Exceptions to the 10 hour policy must be approved by the director.
3. In the case of illness or accident when the parent cannot be contacted by the Center and in the judgment of the teacher, the child may be taken to Kootenai Medical Center's Emergency Room at the expense of the parent.

**Registration form continues on back**



4. If a child has a contagious illness, the parent will notify the Center. The child will not be allowed to return until all danger of contagion has passed.
5. In all emergencies, the Center has permission to take such reasonable measures as are in the judgment of the teacher, necessary to the welfare and safety of the child.
6. Parents are requested to participate in scheduled conferences with the child's teacher(s) during the year. These will be announced.
7. The Center reserves the privilege of dismissing any child if after entering, episodes of challenging behavior cause the child to be unable to participate in group experiences, or if tuition fees are not paid.
8. Liability for the acts of the child while under the care of the Center is the responsibility of the parent or guardian.
9. The Center is not liable for accidents or illnesses occurring to the child while he is in its care, unless it can be proved that the accident or illness was the direct result of a worker's negligence.
10. The parent will give a two-week notice when the child is to be withdrawn.

***By signing this agreement, the parent is stating he/she has read and agrees to the above statements.***

**Both parties**, Little Explorers Learning Academy and Parent/Guardian understand and agree:

1. This agreement is a binding contract for both operator and parent.
2. The contract may be terminated by either the parent or the Center upon notification of intention at least two (2) weeks in advance, or any time by mutual agreement of both parties.

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Date

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Parent/Guardian Signature

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Little Explorers Authorized Signature

## Media/Photo Release

Throughout the year, Little Explorers staff may be taking photographs or making videos of the children of Little Explorers participating in the varied activities of the center. These photos may be used for promotional purposes in printed material or on social media sites, such as Facebook. Also, throughout the year, the media may be present in our school or at various events to cover school events and/or activities. As part of the media/photo coverage, photographs and names of students are often requested to be published. Please check the appropriate box to indicate whether your child may participate in media/photo coverage that may identify your child by photograph and/or name:

\_\_\_\_\_ YES, my child, \_\_\_\_\_ may participate in media/photo coverage.

\_\_\_\_\_ NO, my child, \_\_\_\_\_ may not participate in media/photo coverage.

If NO, do you allow your child's teacher to post pictures of your child on our class dojo pages? This is a private website that our teachers use to share information about what is going on in our classes. YES \_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Transportation Permission Agreement**

I hereby give permission for Little Explorers to transport my child, \_\_\_\_\_, to an emergency relocation site for staff, teachers and children when it is unsafe to remain at the childcare facility.

I understand that normal safety rules will be followed, as much as possible, but that the highest priority is to relocate to a safe location.

This agreement shall remain in effect while the child is enrolled at Little Explorers Learning Academy.

Parent / guardian printed name \_\_\_\_\_

Home address:  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed and dated:  
\_\_\_\_\_