**LEARNING UNLIMITED CHILD CARE CENTER**

**APPLICATION/REGISTRATION**

|  |  |
| --- | --- |
| Date of enrollment | Date of Withdrawal |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child (Last, First , Middle Initial) | Name of Parents | | |
| Child’s Date of Birth | Home Number ( ) | Address | |
| Allergies, if any | City | State | Zip Code |
| Special health Conditions, if any | | | |
| Employer Name | Hours of Employment | Employer Number ( ) | |
| Employers address | City | State | Zip Code |
| Second Employer Name/School | Hours of Employment/School | WK Number ( ) | |
| Employers/School address | City | State | Zip Code |

PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone Number ( ) |  |  |
| Address | City | State | Zip Code |

NAME OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED

|  |  |
| --- | --- |
| 1 | 2 |
| 3 | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child’s Physician or Health Clinic | Office Hours | Phone Number ( ) | |
| Address | City | State | Zip Code |
| Hospital Preferred for Emergency Treatment | Health Insurance Policy Name and Number | | |
| Name of child’s Dentist | Office Hours | Phone Number ( ) | |
| Dentist Address | City | State | Zip Code |
| **Emergency treatment and transportation:**  I hereby give permission to **Learning Unlimited Child Care Center,** {Licensed by the Division of Child Developmen}t to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the above named minor child while in care. Non-emergency medical treatment or elective surgery is not included in this authorization. | | | |
| Signature of Parent or Guardian | | Date Signed | |

**LEARNING UNLIMITED CHILD CARE CENTER**

**APPLICATION**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent (1)/Guardian (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_

Name of Parent (2)/Guardian (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_

Name of Child (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Care \_\_\_\_\_\_\_\_\_\_am \_\_\_\_\_\_\_\_\_\_ pm

Time of Care \_\_\_\_\_\_\_\_\_\_ pm \_\_\_\_\_\_\_\_\_\_ pm

**Learning Unlimited Child Care Center - Fees**

**Without Grant: With Grant:**

Full- Time $604.00 – Infant $500.00 – Infant

$604.00 - One $500.00 – One $569.00 - Age 2 $465.00 – Age 2

$515.00 – Age 3-5 $411.00 – Age 3-5

Before & After School $438.00 $231.00

School Age – All Day $494.00 $400.00

Drop-In $25.00 a day

Late Payment $25.00

Bounce Check $25.00 Insufficient funds (2) payments will be on a strictly cash base

Late pick-up First- Fifteen minutes - $10.00

Sixteen - Thirty minutes - $5.00

Thirty-one - Forty-five minutes - $5.00

Forty-five - One hour - $5.00 **this form of charges will continue until child is**  **picked up, and is expected in full the day of said lateness, no later than the following day. If not**

**paid your services will be suspended until payment is paid in full.**

I understand the amount of my tuition fee is **$ .00** and that it is due the first working day of each month

for as long as my child is enrolled at Learning Unlimited Child Care Center. I also understand that Payment

is late if not paid by the 15th of the month, and if not paid by the last day of the month my services will be suspended until fees are paid.

I understand that a full-month payment is due each month unless absences have been pre-approved by **LU, LLC** management.

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

Enrolling Parent Signature Date

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

Director Signature Date

**Parents will receive a copy of this form**

**Learning Unlimited Payment Agreement**

**DSS and Private Pay Clients**

\_\_\_\_\_Learning Unlimited Child Care Center issues slots available whether they are used every day or not. The total fee for my child care is **$ .00** a month, and if my child misses more than 10 days in a month, DSS will not pay the full amount due, and I will be responsible for the remainder of the bill.

**\_\_\_\_\_ Example:** 21 working days in a month, my child misses 11 days. DSS only will pay **$** . I am responsible for the balance of $. This amount can change due to the number of days missed. Days are not to include vacations or sick leave (with a Doctor’s note). I understand that if there is a balance due, I will receive a copy of what DSS paid towards child care.

\_\_\_\_\_I understand that a registration of $50.00 for each child will be due before my child can be accepted into daycare.

\_\_\_\_\_I also understand that my tuition fee is \_\_\_\_\_\_\_\_, and will be due the first working day of each month, for as long as my child is enrolled at Learning Unlimited. A $10.00 late fee will be added.

\_\_\_\_\_My signature, signify that I fully understand and agree to the terms set forth by Learning Unlimited Child Care Center.

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

Enrolling Parent Signature Date

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

Authorized Signature Date

**Parent will receive a copy of this form**

**Learning Unlimited Child Care Center**

(Department of Social Services Clients Only)

This is written to inform Learning Unlimited Child Care Center clients of our relationship with The Department of Social Services payment policies.

The Department of Social Services contracts with our agency for a monthly slot for your child at a predetermined monthly rate.

Although the full monthly fee is due each month, The Department of Social Service will only pay in full if your child misses 10 or fewer days per month.

If your child misses eleven or more days a month, you are responsible for the financial difference between the amount of the monthly fee paid by The Department of Social Services and the full monthly bill for that month.

Therefore, to avoid paying unnecessary out of pockets expenses, please plan to keep your child’s absents to ten days or less in any given month.

To ensure proper understanding and delivery of this notice, please sign and date below.

I have received and fully understand the contents of this notice.

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

Signature of Enrolling Parent Date of Receipt

**Parents will receive a copy of this form**

**Learning Unlimited Child Care Center Late Pick-up Fees and Procedures**

Parents are expected to pick their child/children up on time. We are aware that things do arise; however, in the event that you are late picking up your child, for whatever reason, the following late fees will be applied to your account:

|  |  |
| --- | --- |
| 1 - 15 minutes late | $15.00 |
| 16 - 30 minutes late | $20.00 |
| 31- 45 minutes late | S25.00 |
| 46 - 60 minutes late | $30.00 |

.

I understand and agree to the above terms.

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

Parent Signature Date

**Parent will receive a copy of this form**

**LEARNING UNLIMITED**

**CHILD CARE CENTER**

523 NC HWY 461 **\*** Ahoskie NC 27910 **\*** 252-209-0302

Receipt Form

I, ­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received the following documentation from

Learning Unlimited Child Care Center concerning theirs and state policies as follows:

1. Center’s Payment Plan Policy/ Center’s Late Payment Fee Policies

2. Learning Unlimited Child Care Center late Pick-up fee

3. Department of Social Services agreement and the Day Care payment agreement

4. Discipline and Behavior/Time-Out Policy

5. Summary of North Carolina Child Care Law

6. Incident Report Form/Travel and Activity Authorization

7. Permission to Administer Medication Sheet

8. Baby’s First Day Check List

9. Nutrition Opt Out Form

10. Child’s Hand Book

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

Parent/Guardian Signature Date

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

Director Date

**Parent will receive a copy of this form**

**BABY’S**

**FIRST DAY CHECK LIST**

Parents will be responsible for supplying the child’s cubby needs for a 12-hour Period.

Infants (6 Weeks through 12 Months)

* Labeled box of disposable diapers
* Labeled box of wipes(80-100)
* Labeled extra change of clothing – (Two sets)
* Labeled Bibs
* Labeled and dated Prepared bottles/caps
* Labeled and Dated Baby Food
* Labeled box of Kleenex

Toddlers (13-24 Months)

* Labeled box of Pull-Ups with **Velcro sizes**
* Labeled wipes(80-100)
* Labeled extra change of clothing
* Labeled Bibs (if needed)
* Labeled box of Kleenex
* Labeled crib sheets
* Labeled child’s sized blanket

Preschoolers (two years through five years)

* Labeled box of Pull-Ups with **Velcro sizes**
* Labeled wipes(80-100)
* Labeled extra change of clothing
* Labeled box of Kleenex
* Labeled crib sheets
* Labeled child’s sized blanket

**THERE IS A $.25 CHARGE FOR UNLABELED ITEMS**