



# Lil' People's World

## Child Registration

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### People permitted to pick up your child (other than those listed above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First Name) (Last Name)

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First Name) (Last Name)

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_ Circle One: AM/PM  
Pick-up Time: \_\_\_\_\_ Circle One: AM/PM

Days Attending:      Monday      Tuesday      Wednesday      Thursday      Friday

## Medical Information

**Physician Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Physical Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Current Medications: \_\_\_\_\_

Health or Developmental Concerns: \_\_\_\_\_

**Dentist Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is your child seeing a speech therapist, physical therapist or nutritionist: **Y/N**  
If so, please provide the following information:

**Name:** \_\_\_\_\_ Job Title: \_\_\_\_\_  
(First Name) (Last Name)

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Does your child see any special doctors (i.e., cardiologist, neurologist or optometrist): **Y/N**  
If so, please provide the following information:

**Name:** \_\_\_\_\_ Job Title: \_\_\_\_\_  
(First Name) (Last Name)

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Does your child have; birth marks or Mongolian spots: Y/N

If so, please provide the location of where they are located:

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Please check any of the following items your child has experienced:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergies         | <input type="checkbox"/> Febrile Seizures           | <input type="checkbox"/> Pneumonia       |
| <input type="checkbox"/> Asthma/Wheezing   | <input type="checkbox"/> Fevers                     | <input type="checkbox"/> Polio           |
| <input type="checkbox"/> Blocked tear duct | <input type="checkbox"/> German measles             | <input type="checkbox"/> Roseola         |
| <input type="checkbox"/> Bronchitis        | <input type="checkbox"/> Hand, Foot & Mouth Disease | <input type="checkbox"/> Scarlet Fever   |
| <input type="checkbox"/> Chicken Pox       | <input type="checkbox"/> Sinus infections           | <input type="checkbox"/> Colds           |
| <input type="checkbox"/> Heart Murmur      | <input type="checkbox"/> Skin Rashes                | <input type="checkbox"/> Colic           |
| <input type="checkbox"/> Heart Disease     | <input type="checkbox"/> Strep Throat               | <input type="checkbox"/> Constipation    |
| <input type="checkbox"/> Hepatitis         | <input type="checkbox"/> Thrush                     | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Kidney Infections | <input type="checkbox"/> Urinary Tract Infection    | <input type="checkbox"/> Lazy Eye        |
| <input type="checkbox"/> Diaper Rash       | <input type="checkbox"/> Vision Impairment          | <input type="checkbox"/> Diarrhea        |
| <input type="checkbox"/> Measles           | <input type="checkbox"/> Vomiting                   | <input type="checkbox"/> Ear Infections  |
| <input type="checkbox"/> Meningitis        | <input type="checkbox"/> Mumps                      | <input type="checkbox"/> Whooping cough  |
| <input type="checkbox"/> Eczema            | <input type="checkbox"/> Oral Herpes                | <input type="checkbox"/> Yeast Infection |
| <input type="checkbox"/> Eye Infections    |   |  |

Comments: (Please provide any pertinent information about items checked above).

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## Permission for Emergency Medical Treatment

I, \_\_\_\_\_, the parent or guardian hereby give permission that my child, \_\_\_\_\_ may be given emergency treatment to include First Aid/CPR by a qualified staff member at Lil' People's World. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed on my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Name: \_\_\_\_\_  
(First Name) (Last Name)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

ID Number: \_\_\_\_\_ Contact Information: \_\_\_\_\_

## Release, Waiver, and Indemnity of Claims

I am the parent, custodian or legal guardian of \_\_\_\_\_ (“Child”). I understand that for Lil’ People’s World to keep its fees low, I must sign this release, waiver, and indemnity and provide my own insurance for my child. I understand that if I am not willing to accept this release and that if I am not willing to accept this limitation of liability, waiver and indemnity, I am free to enroll my Child in another daycare.

I understand that as an express condition of enrolling my Child into Lil’ People’s World Program, I am required to sign this release, waiver and indemnity agreement. I wish to enroll the Child in Lil’ People’s World and I acknowledge and agree to:

1. Waive all claims, including, but not limited to, claims for property damage, loss, personal injury, breach of contract, or death that results or is connected to the enrollment of my Child in Lil’ People’s World Care (“Claims”). My waiver of claims extends to all claims that I may have or will have in the future, known or unknown, against Lil’ Peoples World, its owners, members, managers, employees and agents for any loss, damage, expense, injury, or death due to any cause, including but not limited to negligence, breach of contract or breach of any duty of care. This waiver is to be interpreted to the fullest extent permitted by law, but does not extend to any liability that may not be waived by law, including gross negligence and willful misconduct;
2. Indemnify and hold harmless Lil’ People’s World and it owners, members, managers, employees and agents from any and all liability, including costs and attorney’s fees incurred by Lil’ Peoples World in defending itself, for any Claim brought by any third party, including the Child, that may occur while the Child is in the care of Lil’ People’s World and arising out of the Child’s participation in Lil’ Peoples World Program or as the result of any act or omission of Lil’ People’s World and its employees, agents, members, managers, or owners, except to the extent that the Claim is caused solely by Lil’ People’s World’s gross negligence or willful misconduct. I understand that Lil’ Peoples World is entitled to direct its own defense, including hiring its own attorneys, in the defense of any Claim; and
3. Accept full responsibility and liability for the cost of any treatment for any injury suffered by the Child while at or participating in a Lil’ People’s World Program. This includes the cost of any emergency transportation, medical care, or dental care authorized by Lil’ People’s World, in its sole discretion, for my Child while the Child is in the care of Lil’ People’s World.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Out-of-Area Contact Information

During a disaster, communication may become challenging. Often it is easier to contact an out-of-area phone number than a local or cell number. Our facility has established an out-of-area contact to relay information throughout a disaster. Please provide the following information for our records:

Out of Area contact (100+ miles away)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First Name) (Last Name)

Phone Number(s): \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Local Contact (nearest acquaintance)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First Name) (Last Name)

Phone Number(s): \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Emergency Disaster Kit Information

I am aware of the Crisis/Disaster Response Plan Handbook for Lil' People's World, Inc. and I have reviewed it upon enrolling my child. Lil' People's World, Inc. has received my additional \$10.00 for payment of the Emergency Disaster Kit and will purchase the kit on my behalf upon my child's enrollment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian Signature)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Staff member receiving payment)

## Organic Milk Agreement

Name of Child: \_\_\_\_\_ Classroom: \_\_\_\_\_  
(First Name) (Last Name)

I would like my child to consume only certified organic milk while in care of Lil' People's World. I understand, that a weekly fee will be added to my account of \$5.00 (or a \$1.00 per day if part time care is provided).

I am aware that the center's director must previously approve any additional menu supplements.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Outside Food Policy

Here at Lil' People's World, we are a Nut-Free Facility. In order to continue this LPW requires families to bring in foods with nutrition labels and ONLY nut free products. As a parent, this may be a concern when providing treats for birthdays, farewell parties and celebrations. LPW has provided the list below for pre-permitted treat options.

Permitted Treat Options:

- Jell-O
- Fruit
- Vegetables
- Popsicles
- Fishy Crackers
- Nilla Wafers
- Rice Krispy Treats

Please check with the classrooms Lead Teacher or centers Director for any other possible allergies within the classroom. (i.e. Dairy Allergies)

When treats are brought in, they must be given to the office with the child's name and classroom labeled. The office will then provide the class with the approved snacks.

I understand that in order to bring outside food, I must meet Lil' People's World's **Outside Food Policy** standards. I understand that this is done to ensure the safety of all children within' LPW's care.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## Early Achievers: Parent/Guardian Consent for On-Site Evaluation

Dear Families:

As you know, Lil' People's World is participating in an exciting new program called Early Achievers. We need your help to make this effort a success! Please read below for more information on how you can help us continue to provide high-quality care that helps children learn and grow.

Early Achievers is a voluntary program that:

- Provides families with information about the quality of care through a Level 1 through 5 rating system
- Offers child care programs resources like coaching and training so they can support children's learning and development

**On-Site Evaluation:** Child care programs that participate in Early Achievers receive **on-site evaluation** visits from the **University of Washington (UW)**. The purpose of the evaluation visits is to observe and gather information about the program in order to create an **Early Achievers Rating**.

Lil' People's World has invited the UW evaluation team to visit a random selection of its classrooms as part of the Early Achievers rating process. Your child's classroom may be chosen and observed to help the rating team measure the quality of care provided at Lil' People's World.

This process includes collecting information that will be used to create a program rating and can be used in the next phase of Early Achievers to improve the quality of care provided for your child, like:

- Observing the child care environment to learn about the materials, activities and experiences available to support children
- Observing interactions between teachers and children
- Audiotaping teachers' language to understand the amount and type of language your child's teacher uses
- Observing children engaging in the classroom to understand how the environment stimulates children's learning
- Interviewing teachers and directors about how they use their practice to support their young children
- Interviewing interested families to learn about how the facility staff partner with families to support their child's learning and development
- Reviewing program files and documentation to learn how program policies and procedures support quality practice
- Reviewing child files to see how the program supports each child's learning and development



**Please note:**

- Your child's care and education will not be interrupted or altered during this process.
- One Early Achievers rating will be assigned for each participating child care program. Information about your facility's participation will be posted on the Department of Early Learning and Child Care Aware of Washington websites.
- Any information that is made publically available as part of Early Achievers will never include information about your specific child.
- No identifiable information about individual children will be collected Please let us know if your child's files can be included during the evaluation visit.

\_\_\_\_\_ I allow my child's files to be reviewed as part of the facility evaluation as outlined above.

\_\_\_\_\_ I would like my child's files to be excluded during this process.

Reason (optional): \_\_\_\_\_

### Photo & Video Release

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ give full permission for my child's picture to be viewed on the official Lil' Peoples World website, newsletter or social media pages. The pictures used will only be in relation to the daily activities at LPW. Photographs provided by myself or other family members may also be used on these documents.

I understand that Lil' People's World has installed security cameras in the lobby, classrooms and around the perimeter of the building. I also understand that while attending Lil' People's World, my child may be videotaped by a security camera.

I acknowledge that I may also be videotaped by a security camera while at or around the school premises. I will notify each person listed on the Registration Form that he or she may be also videotaped while at or around the school premises. I also agree to not videotape, photograph or voice-record any person on the Lil' People's World premises at any time.

I Agree,

I Disagree,

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Parent Signature)

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

Date: \_\_\_\_\_

## Social Media Policy

Social Media – a term that encompasses blogs, microblogs such as Twitter, and social networks such as Facebook and YouTube, among others – is becoming a component of everyday life. As the use of Internet search engines, blogs and social networks continues to grow, it is important to address potential safety concerns. The Lil’ People’s World community has an obligation to take all reasonable steps to protect the safety, identity and privacy of the children entrusted to our care and of their families.

Online identity is defined as the social identity that an Internet user establishes in online communities and Websites. An individual may have different online identities, some intended to be public and some intend to be private. As a result of the fluid nature of the Internet, the public can access a great deal of information about a person or organization, including information that, in the past, would have only been shared with close friends or family. To help ensure appropriate use of social media, Lil’ People’s World has adopted the following Policy, which applies to all forms of social media:

- We do not permit the use of Lil’ People’s World service mark (including logos) to be posted on a website, blog or online social networks that have not be preauthorized prior to posting.
- We do not permit photographs/videos of any child (besides our own), parent or employee at Lil’ People’s World to be posted on any website, blog or online social network other that our own.
- Comments that are defamatory, harassing, threatening or misleading about any aspect of Lil’ People’s World program, curriculum or standards about Lil’ People’s World or its owner, faculty or students or that are invasive of any individual’s privacy should not be posted on any website, blog or online social network. Concerns should be addressed directly with Lil’ People’s World’s General Manager whom can be reached via email at Shawn@lilpeoplesworld.com

Initial \_\_\_\_\_

Date \_\_\_\_\_

### How did you hear about us?

Referral: Family, Friend, Current Parent? Name: \_\_\_\_\_

Drive-By: \_\_\_\_\_

Internet: \_\_\_\_\_

Childcare Related Sources: \_\_\_\_\_

Other: \_\_\_\_\_

## 'Getting to Know U'

1. What do you value most about your child's daily interactions at school?
2. What languages are primarily spoken at home?
3. What's is your child's bedtime routine?
4. How does your family and you prefer to spend your free time?
5. What's your child's favorite activity?
6. What are some of your child's least favorite things to do?
7. At home, how do you manage your child's negative behavior?
8. When emotions run high, how does your child calm down?
9. Are there any other family members that live in the home, or interact with your child on a daily basis?
10. What's your favorite thing to celebrate?
11. Are there any other topics you would like to share about your child's family?

## Enrollment Agreement

This Enrollment Agreement (the "Agreement"), is effective this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), 2018, is between Lil' People's World, ("School"), an independent private childcare schooling center located at 14201 SE 8th St Bellevue, WA 98007, 13305 1st Ave NE, Seattle, WA 98125 and 12629 NE 144th St, Kirkland, WA 98034.

1. The Schools non-refundable registration fee of \$100.00 must be paid at the time of initial registration. This is a one-time payment (if your family does disenroll, you must pay the registration fee is paid again to reinstate care).
2. A non-refundable tuition deposit of \$\_\_\_\_\_.00 (your child's first week's tuition, please refer to our tuition policy as weekly tuition varies by classroom); is required to guarantee/reserve enrollment space for each child in the family.
3. I understand that a written two-week notice must be given to the Director in order to withdraw my child. If a two-week notice is not received, a two-week tuition charge will be incurred from the last day of attendance.
4. If receiving a childcare subsidy from the State or other provider, I agree to pay my co-payment in the amount of \$\_\_\_\_\_ no later than the first business day of each month. I understand that late charges will apply as noted above. I understand that I am responsible to pay the Lil' Peoples' World **Standard Tuition Rates** for any time period not covered and/or contracted by the subsidy provider.

### 5. Tuition:

**Weekly Tuition** is due every Monday. There is a 24-hour grace period and a \$5.00 per day late fee that will be charged on tuition payments received after this grace period. If weekly tuition fees (including any applicable late fees) are not received at the School by the 5<sup>th</sup> calendar day of the month, care will be terminated immediately.

**Monthly Tuition** is due on or before the 1<sup>st</sup> of each month. There is a 24-hour grace period and a \$5.00 per day late fee will be charged on tuition payments received after this grace period. A \$5.00 per day late fee will be charged on monthly tuition payments received after this grace period. If monthly tuition fees (including any applicable late fees) are not received at the School by the 5<sup>th</sup> of the month, care will be terminated immediately.

If the School is compelled to take legal action to collect unpaid tuition, the responsible party agrees to pay the School's reasonable attorney's fees and costs incurred.

6. If a family has a second child at the center, the family shall receive a 15% discount on whichever child has the lesser tuition. If a family has a third child at the center, the family shall receive a 20% discount on whichever child has the lowest of the tuitions.
7. A fee of \$35.00 will be charged for checks returned by the School's bank.

8. At the time of enrollment, the child shall be scheduled for specific days and times. Additional days may be added for an additional fee: (these fees are broken down in our tuition policy per classroom)  
Example: \$\_\_\_\_.00 (Full-Day), \$\_\_\_\_.00 (Half-Day) or \$\_\_\_\_.00 (extended hours), however; the School's director must be contacted at least 24 hours in advance for any added day. Additional days or hours are offered based on enrollment and may not always be available. An administrative representative must approve any other schedule changes in advance.
9. Weekly/Monthly tuition fees are non-refundable regardless of holidays, illness, vacation, inclement weather days or other. The School will make reasonable effort to open in inclement weather; however, the School may choose to close at the sole discretion of the School. Parents should check for school email updates, our website, TV news station school closure notices, or call the School's voicemail recording at: Kirkland: (425) 820-1326, Bellevue: (425) 747-9050 Seattle: (206) 363-5437 for details.
10. The School will open at 6:30 a.m. and close at 6:00 p.m. A fee will be charged for any child not picked up before the School's regular closing time. This charge shall be \$1.00 per minute per child. Fees for late pick-up are to be paid immediately (night of late pick up or morning following); if not paid, the child will not be readmitted to the program, and care will be terminated immediately. Consistent late pick up will be cause for the child's dismissal from the School.
11. The School reserves the right to deny, cancel, sever or suspend a child's enrollment at any time if the School, in its sole discretion, deems such action to be in the best interest of the child or the School.
12. Children may not attend the School while ill. Children who become ill at school must be picked up immediately – parents should refer to the School's Health Policy. If the child is absent, the absence should be reported to the School by/before 10:00 a.m.
13. Parents agree not to engage employees of the School for outside childcare services ("Outside Engagement") unless and until Parents and the employee(s) have informed the School's director and have signed a release acceptable to the School. Parents further agree Outside Engagements are not for the benefit or convenience of the School, its owners, and Parents hereby irrevocably release and discharge the School and their respective parents or former owners, employees, officers, shareholders, directors, agents, representatives, parents, subsidiaries, affiliates, heirs, successors and assigns, in their individual and corporate capacities (the "Releasees") from all claims, demands, liabilities, actions or causes of actions whatsoever, arising in law or equity, whether known or unknown, which Parents have, may have or claim to have at any time in the future against the Releasees based in whole or in part on, arising out of or related to any Outside Engagements.

14. Please see lobby for School Closures and Early Closure Dates.

The undersigned Parents have received an executed copy of this Agreement and a copy of the Parent Handbook which included the Illness Policy reference. Parents acknowledge that this agreement is by and between Parents and Lil' People's World Learning Center. The Parents understand that from time to time the School may update its enrollment policy and that by keeping a child enrolled in the school after any update to the policy, this will be considered consent to any updated policies.

The undersigned Parents understand the terms and Agreement and agree to be bound by them.

Social Security Last 4 digits: \_\_\_\_\_

**Please Note:** This document must be signed, last 4 SS# and the amount you are agreeing to pay, must be filled out before Lil' People's World provides childcare.

All policies can be reviewed on site or online at: [www.LilPeoplesWorld.com](http://www.LilPeoplesWorld.com).

School District calendars based on location:

**North Seattle School District:** [www.seattleschools.org](http://www.seattleschools.org)

**Bellevue School District:** [www.bsd405.org](http://www.bsd405.org)

**Northshore School District:** [www.nsd.org](http://www.nsd.org)

**Lake Washington School District:** [www.lwsd.org](http://www.lwsd.org)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Management

\_\_\_\_\_  
Date

## Policy Review Information

I, \_\_\_\_\_ have read and reviewed the following Lil' People's World policies (please initial each line):

\_\_\_\_\_ (Initial) Disaster Plan (\$10.00 cash for emergency disaster kit due upon enrollment)

\_\_\_\_\_ (Initial) Healthcare Policy

\_\_\_\_\_ (Initial) Parent Handbook

\_\_\_\_\_ (Initial) Pesticide Policy

\_\_\_\_\_ (Initial) Enrollment/Tuition Agreement

**For Office Use Only:**

Non-Refundable Tuition Deposit Paid \$ \_\_\_\_\_

Date \_\_\_\_\_

Non-Refundable Registration Fee Paid \$ \_\_\_\_\_

Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Program Desired \_\_\_\_\_

Current Monthly Tuition Amount \$ \_\_\_\_\_ (Subject to Change)

A Copy was provided to Parent/Guardian as a receipt \_\_\_\_\_

**LPW Parent Orientation**  
(to be completed with management)

- Registration Packet
- Immunizations
- Infant Information Form
- Organic Milk Form
- Supplemental Menu
- Anti-Bullying Policy
- Hours of Enrollment: 10-hour maximum, call if late or absent.
- Sign-in Procedures: Full-Legal Signature, 10:30 AM Policy, I.D. required for individuals on pick-up list.
- Drop-off Procedures
- No outside food, special occasions only store-bought items. (Nutrition Label Required)
- Items to bring for age group; i.e. bottles prepared, extra clothes, sheet and blanket, etc.
- Illness Policy
- Medication, Diaper Cream, Sunscreen Form
- Holiday's and Early Closures
- Tuition Policy, Paid on Monday's, Vacation Time
- A two-week written-notice is required prior to disenrollment (Vacation credits can't be used during this time. For more information, please review the Tuition Policy).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LPW Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b>	
<input type="checkbox"/>	Award Letter or Registration Fee, Check # _____
<input type="checkbox"/>	Emergency Medical Consent
<input type="checkbox"/>	Acknowledgment Statement
<input type="checkbox"/>	Disaster Supply Fee
<input type="checkbox"/>	IEA
<input type="checkbox"/>	Immunization Form
<input type="checkbox"/>	Photo & Video Release
<input type="checkbox"/>	Early Achievers Waiver Form
<input type="checkbox"/>	Photo Form
<input type="checkbox"/>	Classroom: _____
<input type="checkbox"/>	Transportation Agreement