

LCH Learning Center
5600 W. Ken Caryl Ave

LCH Learning Center
Enrollment Contract 2021

This Contract, made between LCH Learning Center and _____ and _____, ("Parents") of _____ ("Child") born _____, is for childcare to be furnished by LCH Learning Center upon the following terms and conditions:

Childcare service will begin on _____ and continue until two weeks after written notification is provided either by LCH Learning Center or by the Parents.

The Child will attend these days: _____ and hours: _____.

Weekly tuition is \$ _____ per week and is due on the first morning the Child is contracted to attend each week to avoid a \$20 late fee. Contracted rate will remain in effect for the extent of the contracted care. Contract changes are subject to current rates at the time of contract change. All Enrollment contracts must be accompanied by a \$100 registration fee.

Drop in care is \$ _____ per day. Drop in care must be paid for on the day it is used to avoid a \$20 late fee. If Parents reserve a spot and do not show up or call to cancel, payment for the full reserved time is due within one week.

Child Care Assistance Program (CCAP) parent fees are due on the first day of the month. Care used outside of the authorized CCAP time will become the financial responsibility of the parent(s)/account holder.

If any charges or unpaid balances are not paid in full at the time services are discontinued the undersigned agrees to have that amount remaining to be charged to the below named account, if funds are not satisfied the undersigned will provide LCH Learning Center with information to collect funds not paid upon discontinues of services. Any collection fees, court costs, reasonable attorney fees, or returned check fees are the responsibility of the adult person(s) named on the account. Monthly service fee of 1.5% per month or 18% per annum will be assessed on all past due accounts. In the event our office is not contacted within 30 days of your child's last day your account will be turned over to our collection agency. No information obtained in this form will be used for any other purpose. This form will be released to LCH Learning Center's collection agency of choice to obtain payment in full.

Parent/Guardian: _____ SS# _____ DOB _____

Parent/Guardian: _____ SS# _____ DOB _____

Non-payment of childcare for two weeks without a written agreement signed by both parties will result in termination of care. A charge equal to two week's services will be added to the outstanding balance and late fees will accrue until turned over to collections. Any violation of this Contract or the contractual agreement may result in termination of the contract.

If it should become necessary for Parents to withdraw the Child, or to modify the enrollment base, LCH Learning Center will require two week's written notice. Changes to the Contract will take effect two weeks after the first Monday following receipt of written notice. All changes must be approved by the center. If LCH Learning Center believes that the Child should no longer be in the program, then the center will give Parents two weeks' notice of termination. However, if the center determines that the Child represents a physical danger to the other children in the center, termination will be immediate.

LCH Learning Center is not responsible for missing payments. Payments made to the center should always be put in the tuition box and clearly labeled for proper credit. Accounts with unpaid balances will be charged an additional \$20 per week late payment fee. The fee for returned checks is \$35 and a \$20 late fee will be assessed to all returned checks not paid within 24 hours of being returned.

We agree to the above conditions:

Parent/Guardian: _____ Parent/Guardian: _____

Director: _____ Date _____

Note: To reserve a place for your child it is necessary to accompany this contract with a deposit and a \$100 registration fee.

Outdoor Play

According to the Rules and Regulations of the State of Colorado we are required to include outdoor play each day except when the severity of weather, including temperature extremes, makes it a health hazard or when a child must remain indoors due to health reasons. Be sure that your child attends each day with appropriate garments for outdoor play including shoes, hats for warmth or sun, and coats or jackets. **Please be sure that all of your child's outer garments are labeled with their name.**

Sun Screen

We will apply sunscreen to bare surfaces including the face, tops of ears, bare shoulders, arms, legs and feet. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by the LCH Learning Center staff will be reported promptly to the Parents. It is the Parents' responsibility to provide sunscreen with a minimum SPF of 15. Parents hereby give authorization to the LCH Learning Center's staff to apply sunscreen to Child prior to outside time according to Parents' instruction per state law. Parents are providing: _____.
Instructions for use: _____.

Note: Lotion MUST be labeled with Child's first and last name. In the event that Child's sunscreen is not readily available Child may use the sunscreen provided by LCH Learning Center.

Television Viewing Policy

LCH Learning Center does not view television or movies as part of its regular curriculum. However, at its discretion, it may choose to view a movie in the event of inclement weather or as enrichment to curriculum. If a movie or show is allowed to be viewed, it will be child appropriate and oriented, as determined by LCH Learning Centers.

Sick Policy

We understand that children will have stuffy noses and coughs. Some children who are teething or have allergies have constant runny noses. To help keep the staff healthy to care for your child and prevent other children from getting sick, we ask that you do not bring your child to the center with any of the following symptoms or illnesses: Fever of 100 or more, ring worm, head Lice, impetigo, chicken Pox, pink eye, strep throat, discharge from eyes, severe cough (sounding croupy or whooping), difficulty in breathing, bacterial meningitis, sore throat/trouble swallowing, spots/rashes on body, vomiting or diarrhea in the past 24 hours, or severe headaches. **If your child comes to daycare and we call you to pick them up because they sick, you have one hour to make arrangements to have your child picked up. After one hour, there will be a \$2.50 per 15-minute fee charged to your account.** Here is a good rule of thumb: If your child needs Tylenol or cold medication, they should probably be at home with you. We cannot give your child medications without a signed medical form from your physician. Keep a medication form to use for those visits to the doctor.

If your child needs a prescription, ask your pharmacist to split the medication into two labeled bottles--one for home and one for day care. This will help to prevent you from leaving medications at school and your child not getting the medications as prescribed by your doctor. **Please give all medications to the staff at the front counter. Remind your child's teacher to request their medication daily.**

Pacifier Permission for infants

In order to reduce the risk of Sudden Unexpected Infant Death, Including Sudden Infant Death Syndrome, suffocation and other sleep related deaths, Colorado Rules and Regulations for child care centers require that infants one month and older be offered a pacifier for all sleep times with parent permission.

____ Yes, use a pacifier during sleep times _____ No, pacifier at sleep time

I understand that no infant will be forced to use a pacifier; the pacifier will not be placed back in the infant's mouth once the infant has fallen asleep and the pacifier falls out, the pacifier will not be coated in any sweet solutions and the pacifier will be cleaned and replaced regularly. Pacifiers will not be attached to clothing in any way and the use of pacifiers with attached stuffed animals will be discouraged.

I understand and agree with the policies listed on this page.

Parent signatures: _____ Date: _____

Parents have read and understand the LCH Learning Centers contract and handbook that is available on the website at lchlearning.com. Parents will note all questions or special needs at the bottom of this contract. Parents also understand that LCH Learning Centers may update this contract in January of each year and no signature is required to enforce the contract parameters. Parents further understand that:

- Medical forms, shot records and other file information are needed to be in compliance with the Department of Human Services. Children must have updated immunizations, written plans to update or filed exemptions to be included in care.
- I need to provide diapers for my child (infants and toddlers) and will be assessed a fee of \$1.00 per diaper fee if I do not provide them.
- I must follow the procedures for medications administration as set forth by the State of Colorado.
- Payment receipts and year end statements are available on the Brightwheel app.
- LCH Learning Centers are closed on the following holidays: New Year's Day, Christmas Eve and Day, Thanksgiving and the day after, 4th of July, Memorial Day and Labor Day.
- One week of unpaid absence or vacation time is available per year and may be taken all at once or spread out, as desired by the parents. All unpaid absence or vacation time needs to be submitted in writing two weeks in advance. Written requests may be emailed (lchlearning@yahoo.com). Vacation or unpaid absence time is earned three months after my child begins care at LCH Learning Centers and renews January 1st each year.
- LCH Learning Centers is not responsible for lost or stolen items. I will label my child's belongings.
- I am required by the Colorado Department of Human Services to sign my child in and out.
- I give my permission for my child to sleep on a cot or mat that is 2 inches in thickness.
- All infants under 12 months old will be put to sleep on their backs in a sleep sack. Alternate positions and swaddling is prohibited by the State of Colorado regulations unless a physician permission form is provided.
- I have read and understand the policies on visitors and emergencies.
- If I have an infant at LCH Learning Centers I must provide one sanitized bottle labeled with my child's name for each feeding. State regulations do not allow LCH Learning Centers to put cereal in bottles.
- If my child ever has special dietary needs, I will provide their food to ensure they receive their daily required nutrition. I must keep the center updated as my child's dietary needs change
- If the CCAP program supplements childcare I am obligated to the rates outlined in the LCH Learning Centers contract in the event CCAP terminates by benefits. Parents' fees are due on the first day of the month to avoid late fees.
- In case of an emergency evacuation my child will be transported to safety as safely as possible in a staff vehicle to the Columbine Library.

Any questions, concerns or requests that you have about the contract: _____

Parent signatures: _____ Date: _____

Photograph, Video tape and internet authorization

From time to time we will take photographs or videos of the children in their classroom or playing outside. These photographs or videos are for out use to display in the center, on our website or in advertising. You may also receive copies as part of your child's artwork.

___ I hereby give my permission for LCH Learning Centers to photograph/video my child/children for its use.

___ I DO NOT WANT MY CHILDREN TO BE PHOTOGRAPHED/FILMED

Parent signatures: _____ Date: _____

Enrollment Record and emergency medical release

Date of Enrollment _____ Nickname _____
Child's Name _____ Date of Birth _____ Sex _____
Address _____ City _____ State _____ Zip _____

Mother or Guardian's Name _____ Relationship _____

Mother's Address (if different) _____ City _____ State _____ Zip _____

Home Telephone _____ Cell _____

Mother's Occupation and Place of Employment _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email address _____ SS# _____

Father or Guardian's Name _____ Relationship _____

Address (if different) _____ City _____ State _____ Zip _____

Home Telephone _____ Cell _____

Father's Occupation and Place of Employment _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email address _____ SS# _____

Other emergency contact person's name _____ relation _____

Phone number _____ Other number _____

Doctor _____ Address _____ Phone _____

Preferred hospital _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Insurance company _____ Address _____

Phone number _____ Group number _____ Id number _____

Conditions the child has that medical personnel would need to be aware of _____

Known allergies _____

Medications the child is taking _____

We/I give LCH Learning Centers authorization to treat our/my child in the event he/she is in need of any medical attention. We/I also understand that LCH Learning Centers are not liable for any medical bills that can be the result of a visit to a hospital or doctor. We/I have included by insurance information and a copy of the insurance card belonging to the child, to avoid unnecessary medical expenses. It is understood that in the event that my child is treated by medical personnel that the information on this form needs to be complete for their review. We/I also consent for any medical personnel working under the authorization of LCH Learning Centers to have confidential access to my child's file.

Parent signatures _____ Date _____

Child's Personal History

Does your child have any group or preschool experience? _____

Is your child currently attending a public or private school program _____ Which one? _____

Does your child have a preference for his or her right or left hand? If so, please specify: _____

Please give any information concerning your child, which will be helpful to us:

Play Habits: _____

Eating Behaviors: _____

Sleeping Pattern: _____

Fears: _____

Likes and Dislikes: _____

Multi-cultural awareness is a vital part of your child's development and views on diversity. Please list or explain any cultural holidays or traditions your family celebrates, so that we too can help your family celebrate and teach others about your family's heritage: _____

If your child is an infant you must also include an infant feeding form

Authorization to Pick Up Form

Please list any family member, friend, co-worker that may be picking up your child. If there is a parent that is not allowed to pick up the child be sure to note that also. Don't forget to include yourself and your spouse. Update this form as needed.

I authorize the following to pick up my child, children:

Child's name _____

Mother or guardian _____ Relationship _____ Phone _____
Address _____

Father or guardian _____ Relationship _____ Phone _____
Address _____

Name _____ Relationship _____ Phone _____
Address _____

Name _____ Relationship _____ Phone _____
Address _____

Name _____ Relationship _____ Phone _____
Address _____

Name _____ Relationship _____ Phone _____
Address _____

Name _____ Relationship _____ Phone _____
Address _____

Name _____ Relationship _____ Phone _____
Address _____

Name _____ Relationship _____ Phone _____
Address _____

Parent(s) Signature(s) _____ Date _____

This person can pick up my child on certain days according to the court ordered parenting time that I am providing:
(This can not be upheld without an order from the court)

Name _____ Relationship _____ Phone _____
Address _____

Days allowed _____ Time allowed _____

Days allowed _____ Time allowed _____

Special circumstances _____

This person MAY NOT pick up my child according to a court order that I am providing:
(This can not be upheld without an order from the court)

Name _____ Relationship _____ Phone _____
Address _____

Date received _____ Court order received _____

Parent(s) Signature _____ Date _____

LCH Learning Center
5600 W. Ken Caryl Ave.
Littleton, CO 80128
303-978-9218
Fax 303-978-9010



Health Form For Child Care

This form needs to be signed by a physician. We also need Colorado School Approved immunization records and medication forms (if medication needs to be administered).

Child's Name _____ Birth date _____ Child's age at exam _____
Date of exam _____ Weight _____ Height _____ Vision _____ Hearing _____
Immunizations given _____ Up to date? _____

(please provide a copy of the child's Colorado School approved immunization record, plan or signed exemption)

Describe any recurrent health problems (such as asthma, seizures, ear infections, diabetes, etc.) illness, hospitalization or concerns with development. _____

Special diet _____ Can have whole milk? ____ Eat table food? ____

Allergies _____

Type of reaction _____

Treatment _____

Current medications _____

Reason _____

(Medications to be administered at daycare must be accompanied by an authorization for medication form signed by the physician. Long term medication authorizations must be accompanied by a health plan)

Acetaminophen (exact product name) _____ amount _____ Route _____ Freq _____

Ibuprofen (exact product name) _____ amount _____ Route _____ Freq _____

may be administered for fever over 100° or pain every 4 hours as needed for no more than a three day period, without additional medical authorization. **This authorization expires on the due date of the child's next medical exam.**

Diaper ointment/cream that may be applied _____

(Note: if skin is broken or bleeding, specific instructions from the health care provider are necessary)

Date of next well child checkup as recommended by health provider _____ Age of child at next well child check up _____

(The State of Colorado require health updates at 2, 4, 6, 9, 12, 18, 24 months; then every year after)

Health care providers Name _____ Date _____

Health care providers Signature _____

Address _____

Phone _____ Fax _____

I _____ (parent) give consent for my child's health care provider and child care provider to discuss my child's health concerns.

Parent Signature _____ Date _____

Medication Administration in School or Child Care

The parent/guardian of _____ ask that school/child care staff give the following medication _____ at _____
(Child's name) (Name of medicine and dosage) (Time(s))

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

The Program agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication.

The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, and date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label. **Over the counter medication** must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian's Name

Parent/Legal Guardian Signature

Date

Work Phone

Home Phone

Health Care Provider Authorization to Administer Medication in School or Child Care

Child's Name: _____ Birthdate: _____

Medication: _____

Dosage: _____ Route _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority

License Number

Phone Number _____ Date _____

Please ask the pharmacist for a separate medicine bottle to keep at school/child care. Thank you!

