

# Little Explorers Daycare

154 NW 1st Ave., Canby, OR 97013, 503-266-0890, FID 99-3844989

littleexplorerscanby@gmail.com

Mailing Address : P O Box 1848 Wilsonville OR 97070

## REGISTRATION FORM

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Male Female  
Desired Schedule MON TUES WED THUR FRI Full Days \_\_\_\_\_ Half Days \_\_\_\_\_ Start Date \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Male Female  
Desired Schedule MON TUES WED THUR FRI Full Days \_\_\_\_\_ Half Days \_\_\_\_\_ Start Date \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Male Female  
Desired Schedule MON TUES WED THUR FRI Full Days \_\_\_\_\_ Half Days \_\_\_\_\_ Start Date \_\_\_\_\_

### HOME INFORMATION

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### School Age

Before \_\_\_\_\_ After \_\_\_\_\_

Grade \_\_\_\_\_

### Name of School

## LEGAL GUARDIAN'S INFORMATION

Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ ODL# \_\_\_\_\_

Employment: \_\_\_\_\_ Position \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ E Mail \_\_\_\_\_

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

Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ ODL# \_\_\_\_\_

Employment: \_\_\_\_\_ Position \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ E Mail \_\_\_\_\_

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

Marital Status: Married Separated Divorced Single Custody Agreement (please give court documents)

Method of payment: Cash Check Debit/ Credit Card AFS/ ERDC ACH Transfer/Online Payment

## EMERGENCY INFORMATION

### PERSONS AUTHORIZED TO PICK UP YOUR CHILD AND TO CALL IN AN EMERGENCY:

(Please list in the order you wish us to call in emergencies, )

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Drivers License # \_\_\_\_\_

### Emergency Contact Only:(Not authorized to pick up without permission)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Drivers License # \_\_\_\_\_

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## SCHOOL POLICIES AND GENERAL PERMISSION

**GENERAL PERMISSION:** I hereby grant permission for my child to participate in all of your activities, including transportation to and from school and notified field trips. I also grant permission to use photographs of my child.

**DISCRIMINATION:** Little Explorers does not discriminate on the basis of race, sex, or religion. Religious rights shall be respected at all times by our facility and of it's employees and/or volunteers providing that the practice of an individual's faith is consistent with State and Federal Laws.

**PICK UP AND DROP OFF POLICY:** Children are to be picked up before the school closes and there is a \$1.00 per minute late pick up charge. If a child is not picked up within one hour of the school closing we are required to call the authorities who will take the child into custody.

**PICK UP AND DROP OFF POLICY:** (Children under 5)

I understand and agree to abide by the policy that any child under the age of 5, will be signed in and accepted by a caregiver before the parent or guardian leaves the premises, and that my child will not leave the premises without a parent or guardian signing out and physically accepting the child from a caregiver.

**PICK UP AND DROP OFF POLICY:** (School age Children)

If a school-age child arrives at or leaves Little Explorers Daycare without a parent, there shall be arrangements in advance, in writing from the parents, for the arrival and departure times and what to do if a child has not arrived at Little Explorers at the expected time.

**ILLNESS OR INJURY:**

A child may not be at the Little Explorers if they have been diagnosed as having or being a carrier of a daycare restrictable disease. Check with desk for confirmation of which diseases are covered. A child also may not attend Little Explorers Daycare if they have one of the following symptoms, or a combination of symptoms: 1) Fever over 100.3 2) Diarrhea 3) Vomiting 4) Nausea 5) Severe Cough 6) Unusual yellow color to skin or eyes 7) Skin or eye lesions or rashes that are severe, weeping, or pus filled 8) Stiff neck and headache with one or more of the symptoms listed above 9) Difficult breathing or wheezing or 10) Complaints of severe pain. A child who exhibits signs of illness as defined above is not permitted to attend school and if they become sick during the day they will be isolated and parents will be notified and expected to pick up their children within 30 minutes, or late charges will be assessed.

**PAYMENT POLICY:**

Tuition is billed in advance at the beginning of each month, with a payment due on the 1st of each month.

Late charges of \$15.00 will be assessed if payment is not received on time. Tuition is the responsibility of the parent or guardian and any other financial support does not relieve the parent from this responsibility or the timeliness of payment. If payment is not received within 10 days of the due date service will be discontinued and your child/children will not be accepted.

**LICENSE:**

Little Explorers is a licensed Child Care Facility. Our current license is posted in our lobby, you acknowledge that you have reviewed our license.

Any change to our license will be communicated to all parents immediately.

**SAFE BEHAVIOR:**

Little Explorers Daycare is committed to providing a safe environment for all students and teachers. Violent behavior toward other students, teachers or self-inflicted harm cannot be tolerated. We will attempt everything within our scope to avoid and correct such behavior. If unsafe behavior persists and we feel we cannot adequately provide a safe environment we will ask that the student be removed from our school.

I have read the above and agree to these terms and all other conditions contained in this enrollment packet:

Legal Guardian: \_\_\_\_\_

Date \_\_\_\_\_

(signature)

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## **REGISTRATION FORM -- CHILD'S INFORMATION**

Every child is special and unique. In order to better meet their individual needs, please complete the following form.

Child's full name \_\_\_\_\_ Nick name? \_\_\_\_\_ Date of Birth \_\_\_\_\_

Has your child previously been in day care? \_\_\_\_\_ Name of school: \_\_\_\_\_ Phone # \_\_\_\_\_

Any brothers or sisters? Please list names & ages \_\_\_\_\_

Referred to us by? Online Search \_\_\_\_\_ Friend \_\_\_\_\_ School \_\_\_\_\_ Other \_\_\_\_\_

Child's favorite foods, games, toys/activities: \_\_\_\_\_

Any method of discipline? \_\_\_\_\_

Any certain fears or dislikes? \_\_\_\_\_

How do you comfort, or communicate with your child when they are upset? \_\_\_\_\_

Any special information regarding family or home situation we should be aware of? Please explain \_\_\_\_\_

Please tell us anything you would like us to know about your child: \_\_\_\_\_

### **Breakfast Service**

Breakfast is served from 6:30 to 7:45 am each morning. The monthly charge is \$10.00 per child and includes milk, cereal, instant oatmeal and fruit.

If you wish to sign your child up, please sign below. Thank you.

Legal Guardian Signature \_\_\_\_\_

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## **MEDICAL AUTHORIZATION**

*This section must be completely filled out. This is what we give the teachers to keep in their emergency binders for child information.*

Child's Name	D.O.B.	Chronic illnesses	Allergies	Current Medications	Last Tetanus Immunization	Other

Legal Guardian: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone# \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Member # \_\_\_\_\_

Employer: \_\_\_\_\_ Group # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

If emergency medical care is necessary, I give permission for any treatment deemed necessary by a physician and/or hospital of your choice. I authorize Little Explorers Daycare to transport my child by ambulance if necessary.

I hereby release, indemnify and hold you, your agents and employees harmless from any and all claims, damages or liabilities for injuries to or damage by my child which are not a result of gross negligence by Little Explorers Daycare, it's agents or employees.

I hereby warrant to Little Explorers Daycare that I am entitled to legal custody and possession of my child/children and accordingly am authorized to place my child/children in your care and custody, and am further authorized to sign this authorization form.

Parent or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

## *Little Explorers Daycare*

### SUNSCREEN PERMISSIONS

By signing below, I am giving Little Explorers Daycare permission to apply sunscreen to my child/children. Little Explorers asks each parent to provide their child with a liquid sunscreen SPF 30 or higher. If you choose to not provide sunscreen Little Explorers will provide it for a \$10 charge. No spray or foam sunscreen is allowed. Little Explorers Daycare will apply the afternoon application only, parents will need to bring children with sunscreen already applied at drop off daily as weather dictates.

*I understand these instructions are in effect until further notice and any change will be done in writing.*

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

### SPECIAL DIETARY INSTRUCTIONS

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Food Allergies: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

*I give my permission to Little Explorers Daycare to feed my child as per these instructions, which will be effective this date and continue until further notice in writing.*

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

**SPECIAL MEDICATION INSTRUCTIONS**

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Times to administer: \_\_\_\_\_  
 Instruction: \_\_\_\_\_  
 Signs to give medication to child: \_\_\_\_\_

*I give my permission to Little Explorers Daycare to administer the above medications as per these instructions, which will be effective this date and continue until further notice.*

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

**PERMISSION TO ATTEND A CONTRACTED CLASS**

I understand these classes are offered by another organization and that the certificate from the Office of Child Care does not apply. Therefore the standards from the Rules for the Certification of Child Care Centers may not apply. Specifically: Teachers may not meet minimum state child care standards, teacher to child ratio may not meet standards and the teacher may not be enrolled in the Office of Child Care Central Background Registry. If the teacher is not enrolled in the Office of Child Care Central Background then a Little Explorers staff will be present during the class. **Please note that this may only apply to mostly to the 3 year olds and older, rarely do we do this for 2 year olds and under. This is also mostly for extra classes, ie (but not limited to) Kids kempo, soccer shots, a yoga class, and dance class.**

*I give my permission for my child(ren) to attend the classes offered at this child care facility.*

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

**Notice of Alternate Location Due To Emergency Evacuation/Emergency Procedures**

By signing below I understand that in the event that an evacuation of the building is nessecary, If we cannot safely return to the premisis we Little Explorers Daycare, will go to Gwynns Willamette Coffee House located at 190 NW 2nd Ave, Canby OR 97013

I acknowledge that I was given a copy of the Emergency Procedures along with this evacuation information.  
*I understand these instructions are in effect until further notice and any change will be done in writing.*

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

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**Payment Terms**

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not relieve the parent from this responsibility or the timeliness of payment. If payment is not received within 10 days of the due date service will be discontinued and your child/children will not be accepted.

Little Explorers utilizes Brightwheel for parent interaction, child activity logs and signing in/out. We also use Brightwheel for invoicing, and payments.

## Payment Methods

Brightwheel options:  ACH Transfer Fee 0.6%, \$0.25 Minimum, \$2.00 Maximum  
 Debit or Credit Card Fee 2.95%

Other Payment Methods:

- Check (No Fee)
- Cash (No Fee) \*Staff does not have immediate access to change

Signed \_\_\_\_\_ Date \_\_\_\_\_