



Little Dreamers

"Fulfilling Dreams & Building Futures"

www.yourlittledreamers.com

Updated 10/21

APPLICATION FOR ADMISSION

STARTING DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registration: \$ \_\_\_\_ Date Received: \_\_\_\_

Child's Name _____	Name Called _____
Age ____ Date of Birth ____ / ____ / ____	Sex _____
Address: _____	Apt# _____
City: _____ State: _____ Zip: _____	Phone: _____

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_ Tag # \_\_\_\_\_ Car Color: \_\_\_\_\_ Make: \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_ Tag # \_\_\_\_\_ Car Color: \_\_\_\_\_ Make: \_\_\_\_\_

Parent's Martial Status: \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Single

With whom does child live? \_\_\_\_\_

Brothers and Sisters and their ages:

Name: _____ Age: _____	Name: _____ Age: _____
Name: _____ Age: _____	Name: _____ Age: _____

Previous daycare attended: \_\_\_\_\_

Who will bring and pick up your child each day? \_\_\_\_\_

(Relationship to child if other than parents) \_\_\_\_\_

Please indicate any habits such as nail biting, finger sucking, biting, tantrums, special abilities, emotional problems:

\_\_\_\_\_

List any physical, mental conditions, or allergies: \_\_\_\_\_

Person(s) to be called in emergency if parents are not available:

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

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

Prior to enrollment, each child **MUST** have proof that all immunizations are current (*Form 121*)

**WEEKLY TUITION:**

ANNUAL Non-Refundable (*Due in August of each year*) Registration fee per child: \$100.00

**CHILDCARE RATES**

*	Infants	\$140.00
*	1 Year Olds	\$120.00
*	2 Year Olds	\$115.00
*	3 Year Olds	\$110.00
*	4/5 Year Olds	\$105.00
*	After School Care	\$70.00
	(Extended day charges)	\$7.00
*	Full-time School-Age	\$105.00
*	Daily Drop-in Rate ( <i>Cash only</i> )	\$40.00

There will be a \$40.00 returned check fee for any check that is returned. (Returned checks are presented for payment ONCE, and will not be re-submitted). If a second check is returned, all future payment **MUST** be made in cash or money order. If any account is delinquent when you become separated from Little Dreamers, it will be turned over to Madison County Justice Court for collection.

**TUITION IS DUE (IN ADVANCE) ON MONDAY OF EACH WEEK - THERE IS A \$20.00 LATE FEE IF TUITION IS NOT RECEIVED BY CLOSE OF BUSINESS ON WEDNESDAY.**

**TUITION, PLUS THE LATE FEE IS DUE ON THURSDAY MORNING OR SERVICES WILL BE DENIED.**

**(CHILDCARE SERVICES WILL BE DENIED REGARDLESS WHO BRINGS THE CHILD IN)  
IF TUITION IS NOT PAID BY FRIDAY OF THAT SAME WEEK, ENROLLMENT AT LITTLE DREAMERS WILL BE \*TERMINATED\***

- **Little Dreamers Closes at 6:30 PM. CHILDCARE SERVICES IS FOR NO MORE THAN 10 ½ HOURS DAILY. ANY TIME PRESENT AFTER 10 ½ HOURS OF CARE WILL BE BILLABLE AT \$1 PER MINUTE. THE SAME APPLIES FOR LATE PICK UP AFTER DESIGNATED CLOSING TIME.**

- Parents will be given a “4-digit” PIN code. This PIN will be required when signing your child in and out. You are responsible for making sure people authorized to drop off and pick up your child has your code. We will not give that information out. Failure to sign in and out will result in a \$50 penalty. Consistent failure to sign in and out will result in termination of services.
- Children with a fever over 101.2 must be symptom free for 24 hours without the use of Tylenol or Ibuprofen before returning to the Center. Consistent vomiting, diarrhea, persistent cough, runny nose (*with a color*), are subject to exclusion until the symptoms subsides. Contagious conditions such as pink eye, ringworms, etc., requires a doctor’s excuse before returning to group care.
- A TWO-WEEK (*written*) notice must be given prior to withdrawal from the Center or an equal charge will be assessed.
- After ONE FULL YEAR of continuous enrollment, a (Full-time) child will be eligible for one week of vacation at no charge providing he/she does not attend the Center. “Vacation Credit” DOES NOT APPLY TO SCHOOL-AGE CHILDREN.
- School-age children are given a one-week (Spring Break) & (Thanksgiving Break), and a two-week (Christmas Break). No other adjustments will be made regardless of attendance during the holidays. (Normally, school-age children pay the “full-time daily rate” only for the days they attend during the holidays only. All other holidays are billable.

**OBSERVED HOLIDAYS**

Little Dreamers observe the following TEN (10) HOLIDAYS: New Year’s Day, MLK Day, Memorial Day, Good Friday, July 4<sup>th</sup>, Labor Day, Thanksgiving Day and the Day After Thanksgiving, Christmas Eve and Christmas Day. **THESE DAYS ARE BILLABLE DAYS, EVEN THOUGH THE CENTER WILL BE CLOSED.**

No other adjustments will be made to tuition regarding sick days or any other absences. We do however; make a (one-time) 50% tuition adjustment if the child is hospitalized for a certain illness. You must present proof of the hospital admission in order to receive the adjustment.

**REQUIRED PARENTAL AUTHORIZATION**

PLEASE COMPLETE, SIGN AND DATE EACH OF THE PERMISSION SECTIONS BELOW  
**PICK UP AND RECEIVE**

Child’s Name \_\_\_\_\_

The following people may pick up and receive my child:

Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____
Name: _____	Relationship _____	Phone: _____

**PLEASE NOTE**

Anyone not listed on this form **WILL NOT BE ALLOWED** to pick up your child. In the event of any emergency, you may telephone to speak with the Director or Director Designee authorizing someone else to pick up your child, at which time they will be required to show identification.

Little Dreamers will not *consistently* allow you to change this form due to domestic disputes, nor will we be placed in the middle of personal disputes and issues. If this becomes an issue, services will be *terminated immediately*.

## PHOTOGRAPHY PERMISSION

I give Little Dreamers Childcare Center, Inc. permission to photograph my child \_\_\_\_\_ for purposes of classroom and/or field trip activities and newsletter publications.

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

## FIELD TRIPS (Older 2 ½ years & Up)

I give my child \_\_\_\_\_, permission to participate in field trips as part of his/her experience at Little Dreamers Childcare Center, Inc. I understand I will be informed in advance of each trip and will be required to sign a permission form for each trip.

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

## AUTHORIZATION FOR DISPENSING OF MEDICATIONS

I give Little Dreamers Childcare Center, Inc. (Director or Director Designee and or/specific caregiver) permission to dispense medication to my child under my strict instructions. I understand that I, as parent of \_\_\_\_\_, must complete an individual "Medical Authorization Form" with precise written instructions as to its use. I release Little Dreamers Childcare Center from any and all liability resulting from any problems, which might result from giving this medication.

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

## COVID -19 STATEMENT

**I UNDERSTAND THAT I MUST NOTIFY LITTLE DREAMERS CHILDCARE CENTER IF MY CHILD OR MYSELF HAS COME IN CONTACT WITH SOMEONE THAT HAS TESTED POSITIVE FOR COVID-19.**

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

## EMERGENCY MEDICAL TREATMENT

Little Dreamers Childcare Center, Inc. (*would always be a Director or person in charge*) has permission to obtain emergency medical treatment for my child, \_\_\_\_\_ in the even such treatment proves necessary.

Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Hospital \_\_\_\_\_

Preference: \_\_\_\_\_

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

# CHILD AND ADULT CARE FOOD PROGRAM OF MISSISSIPPI

**Dear Parent/Guardian:**

Little Dreamers participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the information below for each participant here at Little Dreamers. The information should be completed by the parent or guardian.

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**CHILDS NAME** (please print)

**PARTICIPATING DAYS:**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
\_\_\_\_\_ My child does not attend on weekends

**PARTICIPATING MEALS:**

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ PM Snack \_\_\_\_\_  
8:15am – 9:00am 11:00am – 11:45am 2:15pm – 2:45pm

**PARTICIPATING HOURS:**

From: \_\_\_\_\_ To: \_\_\_\_\_

This form is to verify that your child is enrolled at Little Dreamers Childcare Center, who is a participant in the **Child and Adult Care Food Program (CACFP)**. Under regulations of the CACFP, your provider may NOT charge you a separate fee for meals that are claimed for reimbursement and they must supply all of the components needed to meet the requirement. In an effort to improve the program, we periodically contact parents to provide input and to verify their child(s) attendance.

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**PRINT (Parents /Guardian's Full name)**

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**Signature of Parent/Guardian**

**Relation to child**

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**Date**

*(As parents of infants – under 12 months of age, you are required to supply your child with the necessary formula/breastmilk while enrolled at Little Dreamers Childcare Center)*

# USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary of Civil Rights  
1500 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**ACKNOWLEDGES BY PARENT(S)  
POLICES & PROCEDURES MANUAL**

PLEASE VERIFY THE ABOVE INFORMATION AND SIGN BELOW

This is to verify and acknowledge that Little Dreamers Childcare Center has given to me a copy of the Childcare Enrollment Application and Parent's Handbook. I have read and understand all policies and procedures listed.

I am also aware that my child's (or children's) tuition is DUE and PAYABLE every Monday in **ADVANCE** regardless of presence or absence of children enrolled. Further, I am aware that **TWO WEEKS NOTICE IS REQUIRED IN WRITING BEFORE REMOVING CHILD** from the facility. I am also aware of any past due fees may be collected by the Madison County Justice Court system or collection agency at cost to me.

***BOTH PARENTS PLEASE SIGN AND RETURN***

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

**CENTER USE ONLY**

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

Reason: \_\_\_\_\_