



LITTLE RASCALS PRESCHOOL

DATE: _____

DATE OF ADMISSION: _____

PLEASE ATTACH CURRENT SHOT RECORD, IT IS REQUIRED BY STATE FOR ENROLLMENT REQUIRED..

Child's Name _____

Date of Birth _____ Gender _____ Social Security _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____ **Social Security*** _____

Address _____

Cell Phone _____ Work Phone _____ Place of Employment _____

E-Mail* (*primary means for information/statements/receipts*) I give my permission for AKI to send me email communication

Father's Name _____ **Social Security*** _____

Address _____

Cell Phone _____ Work Phone _____ Place of Employment _____

E-Mail* (*primary means for information/statements/receipts*) I give my permission for AKI to send me email communication

Child Lives With _____

Person to contact in the event of illness or emergency if the parent cannot be reached. This person has permission to pick up the child and make any decision regarding the child.

Name _____ Relationship _____
Home Phone _____ Cell Phone _____ Work Phone _____

Parent's Signature _____ **Date** _____

Person responsible for paying Child's account charges* _____

Payments through Smartcare ONLY, either ACH (no fee) or Credit Card (convenience fee added) – Smartcare can be accessed online at <https://smartcare.com/parents>, or the Smartcare smartphone app can be downloaded. Payment is due Every Monday, a late fee of \$50 will be assessed on Tuesday to all balances. Children will not be allowed to attend on Wednesday if the balance is not paid in full (including late fees).

PRICING: THIS IS CHARGED EVERY WEEK AND DUE EVERY MONDAY

REGISTRATION FEE: \$150.00 FOR NEW CHILDREN
ANNUAL RE-REGISTRATION FEE: \$100.00 FOR ALL CURRENTLY ENROLLED CHILDREN
FULL TIME 6:00AM-6PM (INFANTS-2 YEAR OLDS): \$170.00
FULL TIME 6:00AM-6PM (3YEARS-PRESCHOOL AGE): \$165.00
BEFORE SCHOOL 6:00AM-7:15AM- \$85.00
AFTER SCHOOL 2:50PM-6PM- \$85.00

A 5 day withdrawal notice is mandatory., It must be emailed to admin@littlerascalsllc.com at least 5 days before withdrawal or a 5 day charge will be added to the account upon termination in lieu of proper notice.

REGISTRATION FEE (NON-REFUNDABLE) IS: _____

Registration fee is good for September 1 through August 30 each year. School Age children attending Adventure Summer Camp will have an additional Summer Activity fee added on June 1. All children will re-register each year on September 1.

TOTAL COST PER WEEK FOR MY CHILD'S PROGRAM IS: _____

I understand and agree to pay Appletree Kids, Inc. each week that my child is enrolled. I understand and agree that I owe this amount per week for his/her spot in the center and am charged regardless of attendance. I understand and agree that this constitutes a binding agreement and non-payment will result in legal action. I understand and agree that to unenroll my child, I must email the school at admin@littlerascalsllc.com at least five days in advance or I will have an additional 5 day charge on my account in lieu of withdrawal notice.

Parent Signature

Date

Director Signature

Date

I have received and reviewed a written description of the Appletree Kids Inc.'s program and policies. (Parent Handbook)
Parent's Signature _____ **Date** _____

I authorize Appletree Kids Inc. to care for my child during the time he/she is in the facility or participating in facility sponsored field trips and **to obtain emergency medical treatment for my child in the event that I cannot be reached.**
Parent's Signature _____ **Date** _____

I have received and reviewed a written description of Appletree Kids, Inc. Child Development Center's policy for monitoring provisionally employed staff members.
Parent's Signature _____ **Date** _____

I give permission for my child to partake in water activities at the center (water sprinklers, water slip and slides, etc.)
Parent's Signature _____ **Date** _____

I give permission for employees of Appletree Kids Inc. to apply topical products to my child whether center provided or parent provided. Diaper Rash Ointment, Sunscreen, and Insect Repellent
Parent's Signature _____ **Date** _____

I give permission for employees of Appletree Kids Inc. to photograph, video, or audio tape my child for the following purposes: 1) To display on bulletin boards 2) To use in activities 3) To label items at the center 4) for Appletree Kids Newsletter 5) on Appletree Kids Social Media 6) On Little Rascals Preschool Website) 7.) other marketing materials
Signature _____ **Date** _____

I give permission for my child to hold his/her bottle while on a mat, cot, etc.
Parent's Signature _____ **Date** _____

I give permission for my child to watch "PG" programming. My child is 5 years old or older.
Parent's Signature _____ **Date** _____

I am aware that Appletree Kids, located at 919 Henning Drive, Sulphur LA 70663 utilizes the webcasting services of Peanut Butter and Jelly TV L.L.C, whereby utilizing live video, recordings, and/or audio of my child while in the center for observation/security purposes and give my consent to this activity.
Parent's Signature _____ **Date** _____

I give permission for employees of Appletree Kids Inc. to transport my child from the center to a designated evacuation point in an emergency.
Parents Signature _____ **Date** _____

I authorize that my child be transported to offsite field trips by Appletree Kids Inc. employees if there is a signed permission form on file approving that my child may go on each particular trip. No child will be taken off center grounds without permission from a parent. Phone calls will not be approved as permission.
Parent's Signature _____ **Date** _____

I authorize my child to be transported to and from school by Appletree Kids Inc. For Henning Elementary, I authorize my child to be walked to and from school (weather permitting). For RW Vincent, I authorize my child to be transported from school in a center owned vehicle. I authorize my child to be released to the duty teacher (or another appointed individual).
School Year _____
School _____ drop off _____ pick up _____
Parent's Signature _____ **Date** _____

PERSONS AUTHORIZED TO PICK UP CHILD

Please notify the individual that they will be asked to show proof of identity

Name _____

Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____

Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____

Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____

Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent's Signature _____ **Date** _____

EMERGENCY / MEDICAL INFORMATION

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Child's preferred hospital _____ Phone Number _____

Does your child have any food allergies? Yes No

List All Food Allergies _____

Permission to post Food Allergies in classroom/kitchen _____

PARENTS SIGNATURE _____ **DATE** _____

Permission to post ALL Allergies in classroom/kitchen _____

PARENTS SIGNATURE _____ **DATE** _____

Does your child have any other allergies? Yes No

List All Other Allergies _____

Does your child have any dietary restrictions? Yes No

List All Dietary Restrictions _____

Does your child have any physical challenges? Yes No

Describe _____

Does your child have any hearing and/or vision problems? Yes No

Describe _____

Does your child have any illnesses or concerns that need to be addressed by the center? Yes No

Describe _____

FOR OFFICE USE ONLY

NEW ENROLLMENT CHECKLIST

_____ DID YOU GO OVER TUITION, WHEN IT IS DUE, HOW DO YOU PAY IT?

_____ DID YOU GO OVER HOW TO CLOCK IN/OUT ON SMARTCARE?

SMARTCARE:

_____ ENTERED FAMILY / CHILD INFORMATION

_____ ENTERED START DATE / CLASSROOM ASSIGNMENT

_____ ENTERED BILLING PLAN

_____ ENTERED REGISTRATION FEES AND ANY CURRENT WEEKLY CHARGES

_____ CREATED KEY TAGS FOR PARENTS / ADDITIONAL USERS

PAPERWORK:

_____ ADD CHILD TO SIGN OUT SHEET – CLASSROOM CACFP ATTENDANCE SHEET

_____ ADD CHILD TO CACFP ROSTER – AND MONTHLY ATTENDANCE SHEET (X'S)

FOLLOW-UP:

_____ ENTERED INFORMATION INTO CHILDCARE CRM; ENSURE ALL FOLLOW UP STEPS SHOW IN TASKS

WITHDRAWN

_____ SMARTCARE – REMOVE BILLING PLAN AND UNENROLL

_____ MOVE TO “WITHDRAWN” IN CRM