

Date of Application _____

Little Learners Infant Room Enrollment Application

Student/Child Information

Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent Information

Mother's Name: _____
(Or guardian)

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Business: _____

Work Address: _____ Work Phone: _____

Father's Name: _____
(Or guardian)

Home Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Business: _____

Work Address: _____ Work Phone: _____

Enrollment Schedule & Tuition's- There is a \$75 registration fee that will be added to the first month billing.

Parents will be billed monthly according to the enrollment program you select. Monthly payments are due in full by the 1st. A late fee of \$25.00 will be charged if payments are not received by the 5th of every month. If payment is not received by the 8th an additional \$5 per day will be added to the bill until it's paid in full. It is family's responsibility to make sure payment is made even if your child's regular schedule day doesn't fall on the 1st or if you plan to be out of town. Payments can be dropped off in the drop box or paid online.

Enrollment Options: Please Circle Selection ~Full-time or Part-time

Half-Day Tuition ~\$37.00 per day. 2 Options: Please circle one.

8-1 or 8:30-1:30

Monday Tuesday Wednesday Thursday Friday

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**¾ Day Tuition~\$47.00 per day. 7:45-3:30**

Monday      Tuesday      Wednesday      Thursday      Friday

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**Full-Day Tuition ~\$57 per day. Drop off between 7:45-9:30
Pick-up is by 5:30**

Monday Tuesday Wednesday Thursday Friday

Indicate Date on which you would like to initiate enrollment: _____
(Enrollment date will depend on availability)

Desired Location: Arcata or Eureka site? Please circle one.

Parents must give two-week notice of any Schedule Changes. Parents are responsible to fill out all proper paper work before attendance is allowed. Parents must keep all records and forms up to date. A visit with parents/guardians and child are required before the child attends Little Learners. This meeting can be made with the director.

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

NEEDS & SERVICES PLAN

(Infant Care Program) Must be updated every 3 months

Breast Milk/Formula Combination of? _____
(Please keep an extra 6 pack or a can at school)

My baby has bottle every _____ hours and takes approximately _____ ounces

My baby needs to be burped _____ times during feeding

I will be in to nurse my baby every _____ hours or at _____ time.

May water be fed between nursing or bottle feedings? _____

Solid foods:

Food likes and dislikes:

Food consistency:

Schedule for introduction of solid foods and new foods

Food Allergies:

Details and Schedule

EATING:

SLEEPING:

PLAYTIME: _____

ALLERGIES: _____

DAILY SCHEDULE

06:00 _____
 07:00 _____
 08:00 _____
 09:00 _____
 10:00 _____
 11:00 _____
 12:00 _____
 01:00 _____
 02:00 _____
 03:00 _____
 04:00 _____
 05:00 _____
 06:00 _____

Naps :

My baby naps for approximately _____ hours/minutes

Between _____ & _____ A.M.

My baby naps for approximately _____ hours/minutes

Between _____ & _____ P.M.

How does your baby get to sleep? (Rocking,eating,fuss a little,pacifier?)

What other information can you give us to better care for your baby?

Parents Signature: _____

Date: _____

Parents Signature: _____

Updated: _____

Parents Signature: _____

Updated: _____