



# Little School of the Redwoods Application for Child Care



## **Services:**

To provide an innovative, high-quality, play-based learning experiences for children ages 2.5 - 5, regardless of parent income or religious preferences.

## **Rates:**

There is a waiting list fee/application fee of \$25.00.

Enrollment Fee of \$75.00.

Tuition is due the first of each month.

**PLEASE DON'T BE LATE WHEN PICKING UP YOUR CHILD.** We understand that sometimes situations arise which makes it hard for you to be on time when picking up your child; because of this we have a 5 minute grace period after each designated pick up time: 12:00, 12:30, or 5:15. If you are still not here after the first five minutes you will be charged an overtime fee of \$15.00 every 15 minutes or portion thereof that you are late. This fee will be applied to your next month's bill. There will be no first offenses waived or exceptions made to this rule.

The child's authorized representative should make payments out to: Del Norte Child Care Council/LSR (DNCCC/LSR)

**All fees are due on the 1<sup>st</sup> of the month; unless this date falls on the weekend then it is due the following Monday morning.** (If this date also falls on a holiday in which the center is closed then payment will be due the 1<sup>st</sup> day school re-opens.) After this, tuition is considered delinquent. If tuition is not received within one week of the 1<sup>st</sup>, care will cease until payment is made and your child's slot will be considered vacant. If you are planning to be on vacation during this time please leave a check with us prior to your departure.

All Holidays and In-service days taken by Little School of the Redwoods are considered paid closures.

Please understand that being delinquent on payment is unacceptable as we depend on the money to keep our school properly running. With that said, we reserve the right to refuse care if payments are continuously made late.

There will be a 2 week probationary period for all students to make sure we are the right fit for you and your family. If at any time after this time we feel that we are no longer able to meet the need of your child, you will be given a 1 week notice of the termination of care.

In the event that a check bounces (NSF) a \$20.00 check processing fee will be applied to your bill. If this does occur, I will give you written notice and then you will have three business days to pay the balance of your bill plus the \$20.00 NSF fee. Once this has happened we will no longer accept personal checks, only money orders or cashiers checks.

Two weeks written notice is required before removing your child from care. Email is not considered written notice.

If there is a positive balance once care has ended, that balance will be refunded to the authorized representative.

All modification of conditions made to this agreement will be effective 30 days after notice has been given; signed and dated by the child's authorized representative, and the representative of The Little School of the Redwoods.

## **Parents please note that:**

The Department of Social Services has the authority to interview children or staff without prior consent.

The Department of Social Services also has the authority to inspect, audit, and copy child or child care center records upon demand during normal business hours. Records may be removed if necessary for copying.

**You are responsible for knowing all information contained in the Parent Handbook.**



**Little School of the Redwoods**  
**Application for Childcare**



**First Parent (or guardian):**

Name: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Employer \_\_\_\_\_ Full or Part time? Daytime Phone: \_\_\_\_\_

**Second Parent (or guardian):**

Name: \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Employer \_\_\_\_\_ Full or Part time? Daytime Phone: \_\_\_\_\_

**CHILD AND SCHEDULE INFO**

**Child Info:** Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Start Date: \_\_\_\_\_ Male / Female Potty Trained: Yes / No

**Child Info:** Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of Start Date: \_\_\_\_\_ Male / Female Potty Trained: Yes / No

**Scheduling request:**

(Care is offered Monday-Friday 7:45 am to 5:15 pm.)

**Requested Start Date:** \_\_\_\_\_

(This is NOT necessarily the day you will start it is just to inform us of when you would like to start)

**Daily scheduling options:** Full time: 7:45 am to 5:15 pm, Part time 8:00-12:00 or 8:30-12:30

	IN	OUT
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

**For Office Use Only:**

# \_\_\_\_\_ # of children \_\_\_\_\_

Date Applied: \_\_\_\_\_

☐ \$25.00 wait list fee paid (per child)

Enrollment accepted: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if space is available and I accept it, I will be **financially responsible** for the above requested schedule unless a written schedule change is submitted and approved. I also understand that if I change my schedule and it is approved, it will become effective the month following submission of the request and that I am financially responsible for my original schedule request until the change takes effect.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT NOTE: Completed information & authorization forms (I&A) are a prerequisite to enrollment.