

Little School of the Redwoods Application for Child Care



Thank you for applying to Little School of the Redwoods!

Little School of the Redwoods is a full-day preschool located near the campus of Del Norte College of the Redwoods at 860 Small Avenue, Crescent City, California. We are open Monday through Friday 7:45 am to 5:15 pm. License #: 085406051

Little School of the Redwoods is inspired by two approaches. The Montessori Method and the Reggio Emilia approach. We feel that by offering these two very different, but complementary educational methodologies, we provide students with a well-rounded curriculum and parents with a wide range of choices. We strive to provide an innovative, high-quality, play-based learning experiences for children ages 2.5 - 5 years old, regardless of parent income or religious preferences.

Our Rates:

Application fee- \$25.00

Enrollment Fee- \$75.00.

Full-Time Slot- \$750.00/month

Part-time Slot- \$475.00/month

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

We help parents and families apply for subsidies when they are available through the Del Norte Child Care Council.

All fees are due on the 1st 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 1st day school re-opens.) After this, tuition is considered delinquent. If tuition is not received within one week of the 1st, 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.

Please don't be late 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 there of 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.

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

There will be a two 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 needs of your child, you will be given a one week notice of the termination of care.



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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.

In the event that a check bounces (NSF), a \$20.00 check processing fee will be applied to your bill. If this does occur, we 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 cashier's 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.



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| First | Parent | or c | guardian |): |
|-------|--------|------|----------|---------|
| | | | , | <i></i> |

| 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: | | | | | |
| Is either parent/guardian worl | king in the healtho | are field or studying towa | ard a career in healthca | re? | | |
| CHILD AND SCHEDULE INF | 0 | | | | | |
| Child Info: Child's Name: | | | Male / Fe | Male / Female | | |
| Date of Birth: | Age as c | of Start Date: | Potty Trained | d: Yes / No | | |
| Child Info: Child's Name: | | | Male / Fe | male | | |
| Date of Birth: | Age as c | of Start Date: | Potty Traine | d: Yes / No | | |
| Requested Start Date: (This is not necessarily the da Daily scheduling options: | ay you will start, it | - | - |) | | |
| Scheduling request: | | | | | | |
| Child #1 Time In | Time Out | Child #2 Tir | me In Time O | ut | | |
| Monday: | | Monday: | | | | |
| Tuesday: | | Tuesday: | | | | |
| Wednesday: | | Wednesday: | | | | |
| Thursday: | | Thursday: | | | | |
| Friday: | | Friday: | | | | |



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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.

| For Office Use Only: | | | | | |
|--|---------------|-------|--|--|--|
| # | # of children | | | | |
| Date Applied: | | | | | |
| □ \$25.00 application fee paid (per child) | | | | | |
| Enrollment accepted: | | Date: | | | |