

Child(rens) Name(s):

Start Date:

ENROLLMENT CHECKLIST

FORMS

- Policy Handbook Acknowledgement (Website)
- Financial Responsibility Form
- Billing Agreement (Choose the best option for you)
- Contact Information
- Permission to Administer
- Authorization for Pick-Up
- Privacy Notice / Electronic Information Form
- Video/Photography Release Form
- Release of Liability & Injury / Medical Emergencies
- Child Profile
- Family Goals
- Child Care Center Transportation Permission

Food and/or Drug Allergies:	<input type="checkbox"/> Milk (<input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy <input type="checkbox"/> Other w/ Dr. Note) <input type="checkbox"/> Other:
-----------------------------	--

- Non-Refundable Registration Fee of \$75 per child
- First Tuition Payment
- Weekly Billing Semi-Monthly Billing Monthly Billing

Immunization Records

Status: Adequately Immunized Alternative Schedule Update Required Exemption

- Copy of ID or Driver's License for Parents / Guardians
- Copy of Insurance Cards
- Food Program Form(s), including Infant Benefit Feeding Form (If applicable)

Additional Notes:

To be complete by TLC Staff:

Completed By: _____ Signature: _____ Date: _____



Full Time Tuition

2023-2024 Tuition Rates

Our programs have a 3 day per week minimum Pricing includes up to 50 hours of care weekly	Weekly Infant 6 weeks - 18 months	Monthly Infant 6 weeks - 18 months	Weekly Wobblers 12 months - 30 months	Monthly Wobblers 12 months - 30 months	Weekly Toddlers & Preschool 24 months - 48 months	Monthly Toddlers & Preschool 24 months - 48 months	Weekly Pre-K 36 months - 5 years (Must be Potty Trained for Pre-K)	Monthly Pre-K 36 months - 5 years (Must be Potty Trained for Pre-K)
5 Days	240	1040	235	1018	225	975	205	888
4 Days	212	919	208	901	200	867	184	797
3 Days	174	754	171	741	165	715	153	663
Daily Drop In	70	-	70	-	70	-	70	-

Part Time / Half Day Rates (Up to 5 hours per day)

AM: Between 6 am and 12 pm

PM: Between 12 pm and 6pm

Program	Weekly Infant - Pre-K 6 weeks - 5 years	Monthly Infant - Pre-K 6 weeks - 5 years
5 Days	160	693
4 Days	148	641
3 Days	126	546
Daily Drop In	50	-

Hourly Overage Fee: When daily attendance exceeds 5 hours for part time enrollment or 10 per day for full time, an hourly charge of \$10.00 will be added.

Supply Fee: Annual supply fee of \$30.00 billed on September 1st, per child regardless of age or enrollment.

Late Payment Fee: 15% of past due balance charged each billing cycle

Credit Card Fee: 2.5% Processing Fee

Drop Ins: Based on Availability, must be approved by management

Late Pick Up Fees (per child): \$15.00 fee, plus \$1.00 per minute should pickup exceed 10 minutes after closing

Diaper Fee: \$5 per diaper

Vacations: After 6 months of enrollment, each family will earn 2 weeks (equivalent to the days you are enrolled) of vacation time. Vacations will accrue annually on the account anniversary date. Vacation time does not roll over. Vacation time will need to be approved by management with a 2 week written notice.

Non-Refundable Registration Fee: \$75 per child

Sibling Discount: \$3 off per day of Full Time Enrollment Only. Does not apply to School Age or Part Time.



School Age Tuition

2023-2024 Tuition Rates

Program	Weekly School Age Before OR After (up to 5 hours)	Monthly School Age Before OR After	Weekly School Age Before & After (up to 5 hours)	Monthly School Age Before & After
5 Days	70	303	90	390
4 Days	56	243	72	312
3 Days	42	182	54	234
2 Days	28	104	36	156
1 Day (Drop In)	14	61	18	69

Program	School Age No School Day
Daily Rate	45 (Total for the day. Difference will be added to regular contract billed rate)

Prices include transportation to: Centennial, Owyhee & Lake Ridge Elementary

Changes to pick up routines need to be communicated 1 hour prior to school release time. Failure to communicate changes will result in a \$10 fee per occurrence no-show.

Additional drop offs or pick-ups can be added depending on availability. The cost will be billed as a 1 Day (Drop In)

Should your child not need care during the Summer, you will need to withdraw your child from TLC. At that time, a new Registration Fee will be added to your account in order to hold your child's spot.

Summer rates will vary depending on program availability.

Contract Billing Agreement

Accounts are contract billed on the 1st and 16th of the month. Tuition is billed in advance for all tuition billing options. Upon enrollment, you will be responsible for paying the registration fee and tuition for your child(ren) before beginning care. Tuition is the same regardless of attendance. Your family will choose the billing option that best fits your needs. We are pleased to offer both full time and part time options as well as several options for our School Age families. If your child or family dis-enrolls from TLC for any amount of time, a re-registration fee will be billed to the account upon re-enrollment. Please select the option that best fits your needs and mark the days you would like to reserve each week.

Weekly Billing (Friday)
 Semi-Monthly (1st & 16th)
 Monthly (1st)

Parent / Guardian Initial	FULL TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days Weekly
	(up to 10 hrs daily)						

Parent / Guardian Initial	Part Time (AM or PM)	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days Weekly
	AM (Up to 5 hours Daily) 6:30 am - 1 pm						
	PM (Up to 5 hours Daily) 1 pm - 7 pm						

Parent / Guardian Initial	Before & After School	Monday	Tuesday	Wednesday	Thursday	Friday	Total Days Weekly
	Before School						
	After School						

Parent Signature:		Date:
Parent Signature:		Date:
Director Signature:		Date:

POLICY HANDBOOK ACKNOWLEDGMENT

This contract pertains to the policies set forth in the Parent Policy Handbook governed by TLC for Tots. It is the Parent's responsibility to read the Policy Handbook completely before signing and it is the Parent's responsibility to abide by all the policies stipulated in the Policy Handbook. This is a legal and binding Contract and signing it legally obligates you to this contract.

By initialing each section, I (the parent) am agreeing that I, (the parent) have read and understand the Policies in the Policy Handbook:

Section Title	Parent Initials	Section Title	Parent Initials
Mission Statement		Toys	
Business Hours		Child Illness Policy	
Admission Paperwork		Medication	
Payment & Late Fees		Release of Liability & Injury / Medical Emergencies	
Verification of Legal Custody		Nap / Quiet Time	
Arrivals and Departures		Transportation / Field Trip	
Cleanliness / Hygiene		Damages	
Dress Code		Potty Training	
Termination of Services		Behavior Goals	
Child Abuse / Neglect		Policy Revisions	
Supplies		Open Door / Communication	
Meals & Snacks		Growth and Development	

Financial Agreement

Contract Billing will be applied according to cycle that you have selected:

- Weekly:** Billed Friday before Service Provided (2 Day Grace Period)
- Semi-Monthly:** Billed 1st & 16th of the Month (5 Day Grace Period)
- Monthly:** Billed on the 1st of the Month (5 Day Grace Period)

Tuition is the same regardless of attendance. Your family will choose the billing option that best fits your needs. At this time it is expected that any balance up to that date will be paid in full. The grace period allows for any unforeseen circumstances that may be encountered. TLC has a right to terminate services for accounts with a past due balance.

Payments can be made through the website myprocare.com. Payments may also be made by check, cash or credit card at the center. We also can take payments over the phone.

Payments not made within their grace period will accrue a late fee of 15% per billing period. If there are any emergency situations or extenuating circumstances, feel free to come and talk to me so we can discuss options. Parents will be held to this contract unless exceptions are made and agreed upon in writing and signed by all parties.

I agree to pay the fees as specified in the payment billing agreement section per child I have attending TLC for Tots.

In addition, as stated in the termination section:

Two week's written notice is required by the parent to myself. Fees will still be due if the parent withdraws the child before notice is given, or at any given time during the notice. Two week's fees may be paid in lieu.

There will be a \$30.00 fee applied to all returned checks.

I _____ (the parent) hereby acknowledge that I am aware of the conditions stated in the contract, and agree to abide by the above signed policies and requirements in conjunction with the financial agreement and the Agreement for Child Care Services.

Parent Signature:		Date:
Parent Signature:		Date:
Director Signature:		Date:

CHILD(REN) CONTACT INFORMATION

Child's Full Name:	DOB:
Nickname:	Known Allergies:

Child's Full Name:	DOB:
Nickname:	Known Allergies:

Child's Full Name:	DOB:
Nickname:	Known Allergies:

Child's Full Name:	DOB:
Nickname:	Known Allergies:

PARENT/GUARDIAN INFORMATION

(Must be completely filled out for at least one parent)

Parent/Guardian Name:	DOB:
Address:	Social #:
City, State, Zip	Place of Work:
Cell Phone:	Work Phone #:
Email address:	Best form of contact: Cell / Work / Email / Text

Parent/Guardian Name:	DOB:
Address:	Social #:
City, State, Zip	Place of Work:
Cell Phone:	Work Phone #:
Email address:	Best form of contact: Cell / Work / Email / Text

EMERGENCY CONTACT & AUTHORIZATION FOR PICK UP:

Contact Name:	Cell Phone:
Address:	Alt. Phone #:
City, State, Zip	Relationship to Child:

Contact Name:	Cell Phone:
Address:	Alt. Phone #:
City, State, Zip	Relationship to Child:

I, _____, parent / guardian of _____, hereby authorize the following person(s) to pick-up my child(ren) in the event that I am not able to do so.

Please fill in the full name of the person(s) and the relationship to your child:

Name of Authorized Party:	Relationship to Child	Contact Number

All persons on the authorized pick-up list who are not well known by the staff of TLC for Tots must show a valid ID or they will not be allowed to pick up your child from TLC for Tots Preschool & Daycare.

****** Note: In the event that parents are separated/and or divorced, BOTH parents must mutually approve all individuals on the pickup list. This applies to legally documented guardians only. ******

Parent Signature:		Date:
Parent Signature:		Date:
Director Signature:		Date:

PERMISSION TO ADMINISTER

Child's Name:	
---------------	--

I GIVE TLC FOR TOTS PERMISSION TO ADMINISTER THE FOLLOWING PRODUCTS ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS OR ACCORDING TO THE ATTACHED INSTRUCTIONS PROVIDED BY THE DOCTOR, DENTIST OR MYSELF.

No Yes

Special Instructions

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Acetaminophen | |
| <input type="checkbox"/> <input type="checkbox"/> Antiseptic | |
| <input type="checkbox"/> <input type="checkbox"/> Lotion | |
| <input type="checkbox"/> <input type="checkbox"/> Baby Powder | |
| <input type="checkbox"/> <input type="checkbox"/> Band-Aids | |
| <input type="checkbox"/> <input type="checkbox"/> Sunburn Remedy | |
| <input type="checkbox"/> <input type="checkbox"/> Diaper Ointment | |
| <input type="checkbox"/> <input type="checkbox"/> First Aid Cream | |
| <input type="checkbox"/> <input type="checkbox"/> Itching Cream | |
| <input type="checkbox"/> <input type="checkbox"/> Sunscreen | |
| <input type="checkbox"/> <input type="checkbox"/> Teething Ointment | |
| <input type="checkbox"/> <input type="checkbox"/> Teething Tablets | |

Over-the-Counter Medications:

- | | |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Allergy Medicine | Must be accompanied with a Dr. Note to administer |
| <input type="checkbox"/> <input type="checkbox"/> Cold Medicine | Must be accompanied with a Dr. Note to administer |

Miscellaneous

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> Asthma Inhaler | Must be accompanied with a Dr. Note to administer |
| <input type="checkbox"/> <input type="checkbox"/> Nebulizer Treatment | Must be accompanied with a Dr. Note to administer |
| <input type="checkbox"/> <input type="checkbox"/> Other (specify) | |

Parent Signature:		Date:
Parent Signature:		Date:
Director Signature:		Date:

PRIVACY NOTICE

Any information that is given to us in writing or verbally will be completely confidential. We will not give or sell your information to anyone for any reason.

In addition, we will not give any information about your child over the phone unless we are able to verify your identity. This includes but is not limited to: whether the child is in attendance for that day or during any time, how the child is doing, any question that would give a clue that your child is enrolled at TLC for Tots. This policy is strictly for their protection. We have had other parents/ family members that do not have custody or allowed contact calling and fishing for information. Please be respectful with this policy and please be patient if you are asked questions to verify your identity.

We are now asking that all parents set a code word or phrase to simplify this process. Please choose any word that you would remember. Please do not use your name, your child's name or their birthday for this. This is all public information and the first thing a person would guess.

When you call and we are unable to identify you, you will be asked to provide the following password or phrase:

Password or Phrase:

This information will be kept in a secure location at all times and will NEVER be released to anyone. Should you forget, this can be discussed in person. Thank you for your understanding and cooperation in this matter.

ELECTRONIC COMMUNICATION

Electronic reminders are a vital tool for communication throughout the school year. Please provide the email address you would prefer newsletters and reminders be sent to:

Email address:	
Email address:	

Our website also includes a wealth of information and reminders. School theme schedules and classroom activities will be updated throughout the year as a means to keep everyone informed. Please take advantage of this information. I will also post newsletters and reminders on each class page. We strive to involve all parents and open the lines of communication for everyone.

www.tenderlovingcarefortots.com

Parent Signature:		Date:
Parent Signature:		Date:
Director Signature:		Date:

**TLC FOR TOTS
VIDEO/PHOTOGRAPHY RELEASE FORM**

Child's Name:	
---------------	--

Child's Name:	
---------------	--

Child's Name:	
---------------	--

Child's Name:	
---------------	--

I give permission for my child(ren) to be photographed and video recorded by the staff of TLC for Tots. I understand these photos may be viewed by the children, parents and staff of the school. This may include photographs displayed in the classroom, in school projects as well as in the end of the year class video.

These photos or videos will NEVER be displayed on our website, or other materials accessible by the general public.

YES, I GIVE MY PERMISSION

NO, I WOULD LIKE TO OPT OUT OF THE PHOTO RELEASE

Parent Signature:		Date:
Parent Signature:		Date:
Director Signature:		Date:

RELEASE OF LIABILITY & MEDICAL AUTHORIZATION FORM

The information contained in this form is private information which will only be used to ensure quality care for your child in case of an emergency.

I, the undersigned agree to the following:

I understand and agree to a full and complete waiver and release of any and all liability ("Liability Release") on the part of TLC for Tots ("facility") in connection with my child's attendance at the facility and participation in all daily activities, including, but not limited to, playground activities, classroom activities and field trips taken in connection with the facility. I understand and agree that this Liability Release will apply to the entire duration of my child's attendance at the facility and participation in all daily activities. I further authorize anyone working at the facility to obtain medical care for my child or to transport my Child to a clinic or hospital if, in the opinion of anyone working at the facility, medical attention is needed for my child. I agree that if the facility releases my child to me, my designee, an ambulance or other medical transport, a medical facility, a clinic or a hospital, that the facility staff shall not have any further responsibility for my child. I agree to pay all costs associated with such medical care and related transportation for my child and indemnify and hold the facility, its representatives and agents harmless from any costs incurred in connection with such medical attention or any related claims. This Liability Release may only be revoked in a writing that is signed by both myself and the Director of the facility. I acknowledge that I have carefully read this Liability Release and understand its contents.

Child's Name:	DOB:
Physicians Name:	Physicians Contact #:
Known Food or Drug Allergies:	Medications Presently Taking:
Health Concerns or Special Medical Requests:	Additional Medical Information

Parent Signature:		Date:
Parent Signature:		Date:

Director Signature:		Date:	
---------------------	--	-------	--

CHILD PROFILE

Child's Name:	
----------------------	--

Was your child premature at birth? **Yes** **No** If yes, how many weeks premature? _____

Childcare History:

Has your child been in childcare before? _____

How was your experience?

Sleeping Habits:

Should your child nap while at TLC? **Yes** **No**

Does your child have a regular bedtime schedule? **Yes** **No**

What time does your child usually go to bed at night? _____

What time does your child usually wake up in the morning? _____

Does your child have trouble sleeping? **Yes** **No** _____

Night terrors? **Yes** **No** Trouble going to sleep? **Yes** **No**

If under 12 months, how does your child prefer to sleep (back, stomach, side)?

We are required by law to lay them on their backs to nap. This information is only to help us assist with transitioning.

What time(s) and for how long does your child nap each day? _____

Is there a limit to how long your child should sleep for each day/nap?

Are there any favorite items that your child needs to go to sleep each day (pacifier, pillow, blanket, teddy bear, etc.)? _____

Does your child sleep in a pack-n-play, crib or on a mat/cot? _____

What is your child's disposition upon waking (happy, clingy, slow to wake, etc.)?

Eating Habits:

What are your child's eating habits (frequency and portion)? _____

How often does your child drink during the day (milk, juice, water, etc.)? _____

Does your child have any favorite foods? _____
Does your child dislike any foods? _____
Does your child have a special diet? _____

Are there any foods your child should not be fed? _____
How does your child sit at the table (high-chair, booster seat, etc.)? _____

Potty Training:

Disposable Diapers Cloth Diapers Pull Ups In Underwear but training Fully Trained

Is there a frequent occurrence of diaper rash? Yes No

Are bowel movements regular? Yes No how many per day? _____

Is there a problem with diarrhea? Yes No Constipation? Yes No

Has toilet training been attempted? Yes No

Please describe any particular procedure to be used for your child at the program

What is used at home? Potty chair? special child seat? regular seat?

How does your child indicate bathroom needs (include special words):

Is your child ever reluctant to use the bathroom? Yes No

Does the child have accidents? Yes No

Any additional comments or concerns:

FAMILY GOALS

Please circle if your child has special needs or you have concerns in any of the following:

Health

Dental

Vision

Language/speech

Physical/Motor

Hearing

Behavioral/Social

Emotional

Nutrition

Learning

Food Insecurity

Are there any other concerns you may have?

Overall, what is your family looking for in preschool / child care?

Do you have any other family goals that we may be able to assist with and/or provide resources for?

CHILD CARE CENTER TRANSPORTATION PERMISSION

Use of form: This form may be utilized when regularly scheduled transportation is provided by the center. Complete this form when the center provides transportation for a child between the child care center and school. This form is also used for giving permission to transport in the event of an emergency evacuation.

Child's Name:	
---------------	--

Child's Name:	
---------------	--

Child's Name:	
---------------	--

Child's Name:	
---------------	--

Address Child Transported To & From:	School Child Transported To & From:
TLC for Tots 3206 12 th Ave Rd Nampa, ID 83686	<input type="checkbox"/> Centennial Elementary <input type="checkbox"/> Lake Ridge Elementary <input type="checkbox"/> Owyhee Elementary
TLC for Tots 3206 12 th Ave Rd Nampa, ID 83686	EMERGENCY EVACUATION SITE: South Middle School 229 W Greenhurst Rd, Nampa, ID (208) 468-4740

_____ I give TLC for Tots permission to transport my child to South Middle School (229 W Greenhurst Rd) in the event of an emergency evacuation. Parents will be contacted immediately in this event.

Parent Signature:		Date:
Parent Signature:		Date:
Director Signature:		Date:

TLC for Tots 2023-2024 Holiday Closures

Friday, September 1st, 2023	Close @ 5pm
Monday, September 4th, 2023	Closed for Labor Day
Wednesday, November 22nd, 2023	Close @ 5pm
Thursday, November 23rd, 2023	Closed for Thanksgiving
Friday, November 24th, 2023	Closed for Thanksgiving Weekend
Friday, December 22nd, 2023	Closed for Christmas Break
Monday, December 25th, 2023	Closed for Christmas Day
Friday, December 29th, 2023	Close @ 5pm
Monday, January 1st, 2024	Closed for New Years
Friday, May 27th, 2024	Close @ 5pm
Monday, May 29th, 2024	Closed for Memorial Day
Friday, June 7th (Tentative Date), 2024	Closed for Staff Education Day
Thursday, July 4th, 2024	Closed for Independence Day
Friday, July 5th, 2024	Closed for Independence Day Weekend

Our holiday closures are tentative and subject to change. You will be notified of any changes with advanced notice.

Please keep in mind that billing is contract billed regardless of attendance or closures. These holiday closures are factored in our tuition rates. After 6 months of full time enrollment, each family has 2 weeks (depending on weekly enrollment) to use for vacation time per year. These can be used however you would like throughout the year. Vacation forms are available at the front desk as well as on our website. Please keep in mind that a 2 week notice is required.

Our tuition rates factor in holiday closures and 5 additional days throughout a calendar year. In the event of an emergency such as inclement weather, utility outage, illness, etc., TLC may close up to 5 days before there will be adjustments to tuition. TLC also reserves the right to designate 1 education day per calendar year for our staff before there is a tuition adjustment.

Parent Signature:		Date:
Parent Signature:		Date:
Director Signature:		Date:

What to Bring to TLC

Infant Room:

- 3 Labeled Bottles
- Breast Milk and/or Formula (Unless using Kirkland Brand)
- Diapers
- 3 changes of Clothes (weather appropriate)
- Blanket (Used for tummy time as they cannot be in the crib until after 12 months of age)
- Pacifier (Optional) - Cannot be tethered in any way
- Any necessary ointments, teething tablets, fever/pain reliever
- 1 Family Picture from home

Wobblers & Toddler Room:

- Diapers or Pull Ups
- Blanket for Nap Time
- 1 Stuffedie or comfort item is allowed for rest time (all other toys from home are prohibited)
- 2 Changes of Clothes (weather appropriate)
- Water Bottle or Sippy Cup for Water
- Any necessary ointments, teething tablets, fever/pain reliever
- 1 Family Picture from home

Preschool & Pre-K:

- Blanket for Nap Time (Fridays for Movie Days for those that no longer Nap)
- 1 Stuffedie or comfort item is allowed for rest time (all other toys from home are prohibited)
- 1 change of clothes or more at all times (weather appropriate regardless of potty training status)
- Water Bottle
- Any necessary medications (fever/pain relievers, allergy, etc)
- Diapers / Wipes if applicable
- 1 Family Picture from home