



# Parent Packet

---

*"Train up a child in the way he should go, and when he is old he will not depart from it" Proverbs 22:6*



# Welcome!

**Dear Parent,**

Thank you for your interest in Little Treasures Childcare Center. Enclosed you will find an application and information on our school. Please return the application with the non-refundable registration fee of \$100.00. We look forward to having your child as part of our school family.

**Thank you for your interest in our school!**



*Rita Jackson*  
**Director Rita Jackson**



Child's Name \_\_\_\_\_

Start Date \_\_\_\_\_

Address \_\_\_\_\_

Classroom \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Sex \_\_\_\_\_

## **Parent/Guardian Information**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_



Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Employment Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of two people to call incase of  
emergency if we cannot get ahold of parents

1. \_\_\_\_\_

2. \_\_\_\_\_

Child's Physician Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Dentist Name \_\_\_\_\_

Phone Number \_\_\_\_\_



**LITTLE  
TREASURES**  
Child Care

I, \_\_\_\_\_, parent or legal guardian of  
\_\_\_\_\_, born \_\_\_\_\_, do  
hereby consent to any medical care and the administration  
of anesthesia determined by a physician to be necessary for  
the welfare of my child while said child is under the care of  
Little Treasures Childcare Center and I am not reasonably  
available by telephone to give consent. This authorization is  
effective from \_\_\_\_\_ to \_\_\_\_\_.

Signature of Parent or Legal Guardian

\_\_\_\_\_

Witness Signature Witness Name (please print)

\_\_\_\_\_

**This consent form should be taken with the child to the hospital or  
Physician's office when the child is taken for treatment.**



**LITTLE  
TREASURES**  
Child Care

**Day Shift Tuition and Fees**

<b>Program</b>	<b>Days</b>	<b>Cost</b>
<b>Infant Program</b>	1 Day	\$90.00
	2 Days	\$180.00
	3 Days	\$250.00
	4 Days	\$300.00
	5 Days	\$330.00
<b>Toddler 1&amp;2</b>	1 Day	\$80.00
	2 Days	\$175.00
	3 Days	\$240.00
	4 Days	\$275.00
	5 Days	\$320.00
<b>Preschool &amp; Pre-K</b>	1 Day	\$75.00
	2 Days	\$160.00
	3 Days	\$225.00
	4 Days	\$275.00
	5 Days	\$300.00
<b>School Age</b>	Weekly	\$214.00
	Daily	\$60.00
	Afterschool	\$150.00

**Second Shift Tuition**

**\$375 per Week**

- Multi-Child Discount 10%
- Registration Fee is non-refundable \$100.00
- Field Trips will be charged to parent at time of trip.
- LTCC Summer Camp fee will be a different rate
- Full Time tuition is based on more than 27 hours per week

## **Tuition Terms**

- Tuition is due every **Monday morning** before the week begins.
- Parents are required to pay during holidays, vacations and whether child attends or not. Double payment is expected the week before any vacation.
- A two-week notice will be provided prior to any tuition rate change.

## **Late Tuition Payment**

- Payments not received when due will be assessed a \$15.00 charge, unless other arrangements have been made prior to the due date. If the tuition payment goes two or more weeks from the time it is due, it will result in non-admittance of the child to the Center.
- Any child picked up or dropped off before or after the designated scheduled time frame will result in a \$1.00 per minute fee.

## **Withdrawal of Child from Center**

- Payment is due for the notice period whether your child attends LTCC during that time or not.
- Any outstanding fees must be paid on or before the child's last day.
- You will give two week's written notice if it is necessary to terminate your contract.
- You will be given a 2 week notice prior to any contract changes.



**LITTLE  
TREASURES**  
Child Care

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_, to participate in walking field trips or  
wading activities should they be offered.

Signature of Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Please be advised that your child may be photographed here  
at Little Treasures: Childcare Center. These pictures could be  
put on our advertising and Facebook page. Please let us  
know if we have permission to use your child's photos.

**Circle one:** YES or NO

Signature of Parent or Legal Guardian

\_\_\_\_\_



## Expected Hours at LTCC

I, \_\_\_\_\_, am expecting my child/children, \_\_\_\_\_, to be at LTCC from \_\_\_\_\_ AM to \_\_\_\_\_ PM each day. If this time changes, I understand that I must give 24 hour's notice. This is for staffing reasons per order of the State of Maine.



**LITTLE  
TREASURES**  
Child Care

## Pick-Up Statement

Please list names of person's who will be picking up your child/children.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

LTCC must be notified when regular transportation or pick-up method has changed.

Name of person to contact in an emergency or an unexpected early closing at Little Treasures Childcare Center

Name \_\_\_\_\_

Phone Number \_\_\_\_\_



## Policy and Procedure Agreement

I, \_\_\_\_\_, have read and understand the policies and parent handbook of LTCC. This signed copy will be kept in my child's file. I may review the policies at any time. I understand that it is my responsibility to update my child's file as changes occur.

Signature of Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_



**LITTLE  
TREASURES**  
Child Care

## **Additional Information**

Child's favorite food?

---

What foods are refused?

---

How does your child act when he/she is frustrated?

---

Does your child have any fears that you are aware of?

---

How do you describe your child's personality?

---