

Child's Name: _____

Infant and Toddler Programs Registration Forms

Child's Full Name _____ Birthdate _____ Start Date _____

Child is (circle one) Male / Female

Mother's Name _____ Home/Cell Phone: _____

Mother's Home Address/City/Zip: _____

Please check here if this is a location the child lives at least part of the time

Place of Business & Address/City/Zip: _____

Work Phone _____ E-mail address _____

Father's Name _____ Home/Cell Phone: _____

Father's Home Address/City/Zip: (if different from above) _____

Please check here if this is a location the child lives at least part of the time

Place of Business & Address/City/Zip: _____

Work Phone _____ E-mail address _____

Parents are (circle one): Married / Separated / Divorced / Widowed / Single / Living together

Emergency Contacts: (Three complete addresses are required)

1. Name: _____ Phone: _____
Relationship to child: _____ Address/City/Zip: _____

2. Name: _____ Phone: _____
Relationship to child: _____ Address/City/Zip: _____

3. Name: _____ Phone: _____
Relationship to child: _____ Address/City/Zip: _____

*Additional persons **permitted** to pick up your child may be listed on the accompanying page and you must include their addresses and phone numbers*

Persons **NOT permitted** to pick up your child (please provide a picture if possible)

Does your family have any religious or cultural values/beliefs/or practices we should know about while providing care for your child or your family? _____

***** If the information on this page changes, we need to know ASAP, please ask for a new copy of this form to fill out – Thanks*****



Child's Name: _____

Medical and Emergency Information and Permissions

I / We hereby give consent to Young People's Learning Center to call the local emergency care facilities, our physician or our dentist as listed on our registration form for medical or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to reach me/us ASAP in any situation where medical services are needed.

I hereby give consent for Poudre Valley Hospital (1024 S. Lemay Ave. Ft. Collins 80524/495-7000) to be my hospital of choice unless I notify Young People's Learning Center otherwise.

Parent Signature

Date

Parent Signature

Date

**Complete addresses for physician and the dentist are required.
Do not leave any spaces blank. A dentist is required to be put down.**

Child's Physician/Physician's Office Name: _____
Address/City/Zip: _____ Phone _____

Child's Dentist/Dentist's Office Name: _____
Address/City/Zip: _____ Phone _____

Please list any chronic or/or medical conditions your child has (i.e. asthma) as well as any special dietary needs: _____

Please list any allergies or special formula needs your child has (Include FOOD, MEDICATION, BEE STINGS, etc.):

In the past year, my child has been screened (Please check all that apply):
 By a dentist For Hearing Issues For Vision Issues
 For Speech Issues For Developmental Issues Other: _____
If you would like information on any of the above screenings, please see a program director for information and resources!

Please be aware that in order to make sure all children are safe in our care, many medical conditions and allergies will require additional paperwork from you and possibly your doctor **BEFORE your child is able to start in our program.**



Child's Name: _____

Schedule, Tuition and Financial Information

My child's schedule will be as follows:

Circle the days the child will be in attendance. (The Alliance Program does not offer part time.)

Please circle one choice for each day you will attend		Approx. Arrival Time	Approx. Departure Time
Monday:	Full Time		
Tuesday:	Full Time		
Wednesday:	Full Time		
Thursday:	Full Time		
Friday:	Full Time		

Alliance by YPLC only does weekly payments: **weekly** My tuition will be \$_____

I understand these rates may change and that I will be given adequate notice of any changes. I have read, understand, and agree to all financial policies as stated in the Young Peoples policy handbook and provided with this registration form.

FAQ's about financial policies:

- You are expected to pay for the schedule as listed above, plus additional charges for drop in days, until or unless you submit a schedule change form or notice of withdrawal (2 weeks) in writing. You pay for this schedule regardless of attendance. You are responsible to pay for the 8 holidays we are closed.
- Registration fee is \$100.00 and happens only once based on continuous enrollment.
- If your weekly payment is not received weekly by Friday, you may be charged a late fee of \$30/week
- At YPLC, rates adjust by about 5% each year in October.

Parent Signature

Date

Parent Signature

Date



Child's Name: <hr style="width: 80%; margin: auto;"/>
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Authorizations and Permissions

Please note that we will ask you to re-sign these authorizations annually. You may opt out of any of these permissions by speaking with a director prior to signing and submitting this document and we will create an individual plan for your family and child and note it in their file.

Photo Release: I hereby grant permission of any photographs or digital images taken of my child while at YPLC to be used in future printed or digital publication or websites. My child will not be identified by name and no compensation will be expected.

Lotion Use: We often find lotion a useful tool for calming children and also to be helpful in preventing some skin irritation issues at times. We will never put lotion on a child's skin if it is cracked or the lotion is being used as "treatment" without a doctor's permission. If we feel it is helpful, do we have your permission to use lotion on your child's skin?

- Yes, you have my permission to use lotion on my child
- No, please do not use lotion on my child

YPLC has my permission to use Diaper Rash Ointment on my child: Yes No

My child has permission to sleep on a nap mat during rest time: Yes No

Young Peoples Learning Center has my permission to use the following on my child:

- ONLY sunscreen provided by me
- Any sunscreen provided by me, YPLC or other YPLC families
- Bug spray (we only use bug spray when we are playing somewhere there are lots of bugs, usually walks near the river, but possibly more often if necessary)

Do you have any special notes/requests about sunscreen or bug spray application for your child:

Parent Signature

Date

Parent Signature

Date

Child's Name: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>

Infant & Toddler Financial Policies

Fee Schedule

- Our Fee Schedule is based on a yearly prorated system and automatically takes into account the major holidays and up to two weeks vacation that your child will not attend Young People's Learning Center. Therefore, full payment is expected during the first two weeks of any continuous vacation. We will be closed any day that the Johannsen Support Services Center is closed. Unless otherwise specified by the Poudre Global Academy Principal and by the District's Director of Facilities or the Director's Designee.
- The nine holidays we will be closed are New Year's Day, President's Day, Memorial Day, July 4th, Labor Day, Indigenous People's Day, Thanksgiving, the day after Thanksgiving, and Christmas. You are charged for these 9 days if your child is normally scheduled for that day. We will also be closed for two weeks each year. Those dates will be announced each year in September when rates are adjusted. There will be one in winter (around Christmas and New Years) and one in the Summer. This year YPLC is closed 12/26/22-12/30/22 and 5/29/23-6/2/23. You will be charged for these days if your child is normally scheduled. For an extended continuous vacation of more than two weeks, payment is expected in full for the 1st two weeks and 1/2 for anytime past the first two weeks.
- This payment schedule is for infants and toddlers.

Registration Fee

- There is a \$100.00 Registration Fee per child due at the time of registration. There is no additional registration fee for Infant or toddler Programs as long as your child's enrollment is continuous. If a child stops attending (for example, during summer vacation) and then re-registers in the fall, a new Registration Fee will be assessed. There is an additional Registration Fee for school-age children who attend one of our summer day camp programs.
- *Re-Enrollment Fee: If you choose to leave our center and then re-enroll within a 3-month period, an additional \$400 fee will be assessed as a re-enrollment fee. We are also unable to "hold" a child's space in the classroom until 2 weeks before the re-enrollment date.*

Tuition Payments

- Weekly payments are due on Fridays. If your account is not current by the end of the week, a \$30.00 late fee will be assessed.
- If you are paying by the month, payment is due by the 5th of the month. If you are not current by the 5th, a \$30 late fee will be added each week you are late. Using a credit card will come with a 2-3% charge from TUITION EXPRESS paid by you. If you choose to pay by ACH bank transfer the fees will be incurred by YPLC.

Illnesses

Except for long-term illnesses, you will be charged for absences due to illness or unexpected days off. Even though your child is absent, our costs remain the same. In the event of a long-term illness, and provided a one week's written notice is given, you will not be charged beyond the first week and your child's spot will be saved for up to 2 more weeks.

Schedule Changes and Withdrawal Notice

A one-week's **written** notice is required prior to any permanent schedule change other than withdrawal (see withdrawal notice above.) Schedule changes will be approved based on classroom availability. A minimum two-week **written** notice is necessary before withdrawing your child from Young People's Learning Center. You will be charged for two weeks after the written notice is given.

Return Check Charge

There will be a \$20.00 charge for all returned checks or declined credit card payments.

Parent Signature

Date

Parent Signature

Date



Child's Name: _____

Additional Information

Priority Phone Number

On the forms above, we asked you for A LOT of information. We would like to know the FIRST phone number you would like us to call in case we need to contact you during the day:

Name of the person we are trying to reach: _____

Best number: _____

Additionally, we would like to know if you would prefer to receive a text message if it is not an emergency/we have something brief to communicate:

_____ Yes, please text me

_____ No, please do not text me

Number to text: _____

How did you hear about us?

_____ Phone Book

_____ Google Search

_____ Recommended by another parent

Name _____

_____ Advertising:

Where? _____

What were the biggest factors in you choosing Young Peoples as your child care?

Information On My Child

Your child's new teacher would like some information that will be helpful to insure a smooth transition into the classroom. Please take time to answer the questions below. Thank you!

1. Has your child even been in childcare before?
2. Does your child drink breast milk or formula? If breast milk, you must provide, if formula, we only provide Parent's Choice Gentle, Sensitivity or Infant formula. If your child requires specific formula you are responsible to provide that.
3. Does your child eat baby food or solids? If so, how much and how often, and what kinds of food? We provide a wide array of baby foods, pouches and snacks, as well as some finger foods. We cannot prepare food on site however, so if you are doing Baby Led Weaning you will need to provide your own foods.
4. Who else lives in your child's home (i.e. other relatives, siblings, pets)? Please send us a few family photos to put on our family wall.
5. Does your child have any specific attachments to a toy or blanket that would be helpful in his/her transition?
6. What are your child's napping habits? How often and how long does he/she nap, does he/she sleep in a crib, bassinet, bouncer, swing, on an adult? We do require children to sleep in cribs while in our care, and we cannot swaddle, but we can use the zip up sleeping bags.
7. **Is there anything else we should know, such as any additional behavioral or developmental information or any current home-life disruptions or variations?**



Child's Name: <hr style="width: 80%; margin: 0 auto;"/>
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Information On My Family

Your child's new teacher would like some information that will be helpful to ensure a smooth transition into the classroom. Please take time to answer the questions below. Thank you!

Please list any other languages spoken in the home: _____

**If you would like to provide us with a list of words and pronunciations so we can communicate to your child in this way, we would love that! Words such as eat, food, sleep, bathroom, toys, mom, dad, school, friends, and home are helpful!*

Please indicate here if it would be helpful to you to have translation services for paperwork or conferences – we will accommodate if we can! Yes No

Describe your approach to parenting and/or education. We are really interested in how YOU describe your style, so feel free to just say a few sentences in whatever way you would like!

What are your expectations of our teachers and program? You might take this time to express any experiences you have had before which we can improve on or to tell us something you would like us to discuss during conferences! _____

We asked this question earlier, but sometimes this context gives families more ideas. Does your family have any religious or cultural values/beliefs/or practices we should know about while providing care for your child or your family?

We love to get families involved in our program! Check any boxes about ways you might be able to join us:

- I would love to come do some reading or playing in the classroom
- I can take projects home, such as cutting out or preparing materials
- I can come ahead of parent events or stay after for set-up or clean up
- I have another idea of how to help: _____



Child's Name: _____

Additional People Allowed to Pick Up My Child

Anyone listed on this form must also have their address and phone number listed.

Name: _____ Relationship to child: _____

Phone: _____ Address/City/Zip: _____

Name: _____ Relationship to child: _____

Phone: _____ Address/City/Zip: _____

Name: _____ Relationship to child: _____

Phone: _____ Address/City/Zip: _____

Name: _____ Relationship to child: _____

Phone: _____ Address/City/Zip: _____

Name: _____ Relationship to child: _____

Phone: _____ Address/City/Zip: _____

Name: _____ Relationship to child: _____

Phone: _____ Address/City/Zip: _____



Child's Name: <hr/>

Please Check the Appropriate Box Below

- PSD Student
- PSD Staff Member
- Front Range Community College Student
- None of the above