



Enrollment Form

4433 W. 29th Ave #205
Denver, CO 80212
P: 720-520-4387

Child's Information | Name: _____

Sex: _____

Address: _____

City/State: _____

Zip Code: _____ DOB: _____

Enrollment / Start date: _____

Parent/Guardian Information | Name: _____

Hrs of work: _____

Employer: _____



Business Address: _____

City/State _____ Zip Code: _____

E-mail: _____

Work Phone: _____ Cell: _____

Circle Contact Preference: Work / Cell

Parent/Guardian Information | Name: _____

Hrs of work: _____

Employer: _____

Business Address: _____

City/State _____ Zip Code: _____

E-mail: _____

Work Phone: _____ Cell: _____

Circle Contact Preference: Work / Cell

Other authorized persons to pick up:

Name:

Phone: _____

Relationship: _____

Address:

City/State: _____ Zip Code: _____

Name:

Phone: _____

Relationship: _____



Address:

City/State: _____ Zip Code: _____

*Please sign below annually after you update any changes

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____ Date: _____



This agreement entered into as of _____ is between The Learning Nest (hereinafter referred to as "TLN", operating in the State of Colorado) and _____.

I, _____ do hereby authorize TLN to act as agents for the undersigned: to consent to any medical or surgical diagnosis or treatment or hospital care deemed advisable by or administered by a licensed physician, in the event such help of an emergency medical nature becomes necessary.

Physician's Name: _____ Address: _____

Phone: _____

Remarks (Allergies): _____

Dentist's Name: _____ Address: _____

Phone: _____

Remarks (Allergies): _____

Screenings | Place | Date - Hearing: _____

Vision: _____ Dental: _____

Hospital: Please select one or provide us with your hospital choice

____ Lutheran Medical Center
Hospital

8300 W 38th Avenue
Wheat Ridge, CO 80033
(303) 425-4500

____ St. Anthony's Hospital

11600 W 2nd Place
Lakewood, CO 80228
(720) 321-0000

____ Children's

13123 East 16th Avenue
Aurora, CO 80045
(720) 777-1234

Other: _____

Address: _____

City/State _____ Zip Code: _____

Phone: _____



Insurance Provider: _____ Policy Number: _____

*Please sign below annually after you have updated any changes

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Statement of Authorization

Please initial after each statement and sign at the bottom.

1. I hereby grant permission for my child to be included in developmental evaluations and observations by any licensed therapists deemed necessary upon prior consultation with TLN.

2. I hereby grant permission for photos to be taken of my child in association with TLN's programs and published on Facebook, literature, or TLN's website. (www.thelearningnestpreschool.com)

3. I hereby grant permission for my child to be given prescription medication with a doctor's authorization note and "Parent Permission Form" in its original container without liability to administering staff. _____
4. I hereby grant permission for TLN to obtain any emergency medical care that may be necessary.
_____ These steps may include, but are not limited to the following:
 - o Attempt to contact a parent, guardian, or other emergency contacts.
 - o Attempt to contact the child's physician.
5. If we cannot contact you or the child's physician, then we will do any of the following:
 - o Call another physician or paramedics.
 - o Have child taken to an emergency/ hospital in the company of a staff member.
6. Any expenses incurred in #5 above will be the ultimate responsibility of child's family.

7. I hereby acknowledge that I have received and read the TLN Parent Handbook of Policies and Procedures. _____
8. I hereby acknowledge that TLN will not be responsible for anything that may occur as a result of false information given at time of enrollment or thereafter. _____
9. I hereby acknowledge that TLN will not be responsible for any child who has not been signed in upon arrival for the day. _____

*Please sign below annually after you have reviewed above information

Parent/Guardian Signature: _____

Date: _____



Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____



Loss or Damage of Children’s Articles

The Learning Nest is not responsible for any loss or damage to children’s articles. Children learn through play and many times this means getting dirty. For your protection, please label all of your child’s articles.

I have read and agree to the terms listed above:

Child’s Name:

Parent Name:

(Please Print)

Parent Signature: _____ Date: _____

Director’s Signature: _____ Date: _____

Sunscreen Permission

At TLN we spend a lot of time outdoors. With young skin being sensitive to the sunlight, we recommend that you provide a bottle of sunscreen with your child’s name for their teacher. By signing below, you authorize TLN staff members to administer sunscreen without your signed permission.

I give permission for TLN staff to administer sunscreen onto my child.

Print Parent/ Guardian Name:

Parent/ Guardian Signature: _____

Date: _____

Diaper Cream/Ointment
(infants and toddlers only)

I give permission for TLN staff members to apply diaper cream/ointment (that I supply) onto my child.

Print Parent/ Guardian Name:



Parent/ Guardian Signature: _____
Date: _____

Field Trip Information

I give permission for my child to participate in field trips or excursions, whether walking or riding. I understand that prior notification will be give before the trip and additional permission forms may need to be signed.

Child's Name: _____

Print Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____
Date: _____

I hereby grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care for my child during fieldtrips.

Child's Name: _____

M.D. or Clinic Name: _____

Doctor's Name: _____

Doctor's Address: _____

City: _____ State: _____



Zip: _____

Doctor's Phone: _____

Office Hours: _____

Print Parent/ Guardian Name:

Signature: _____ Date: _____

Waitlist + Registration Fee

- Initial enrollment at TLN is contingent upon space availability and receipt of completed waitlist and enrollment application, \$150 non-refundable waitlist fee, and monthly tuition deposit once enrolled.
- First years, non-refundable annual registration fee is \$150 (billed in Dec) _____ **(Initial)**

Tuition

- All tuition payments are due **prior** to care given and must be paid monthly through Brightwheel. _____ **(Initial)**
- Parents must provide a two-week notice to management for tuition rate changes upon child entering new program, i.e. 19 months and 37 months. _____ **(Initial)**
- Late fee of \$25 is added each week the payment is late.
- 5% discount applied for the oldest child of the family.
- Payment not received within 10 working days of the due date will result in the voiding of the contract and a loss in my child's spot at The Learning Nest. _____ **(Initial)**
- There is a \$50 charge for returned checks. The amount of the return check and service fee must be paid by Cash.
- All tuition rates are subject to change. _____ **(Initial)**



Pick Up + Drop Off

- Children picked up after 5:30 pm will be charged \$1 per minute. Late pickup fee must be paid at the time of pickup in cash to the teacher who volunteered to stay with child.

_____ **(Initial)**

- **NO** drop-off after 9:30 am without prior approval. _____ **(Initial)**

*Annual Administration Fee..... \$150 (billed in Nov)

* Yearly Material Fee..... \$225 (billed in Jan)

Age Group	Monthly Tuition
Infants (12 weeks – 18 months)	\$2541
Toddlers (19 months – 3 years)	\$2202
Preschool (3 years – 5 years)	\$1859

Absence & Illness

This Policy applies to illness only. Sick children will be sent home, this includes but is not limited to: temperature of 100.4 degrees or more, vomiting, diarrhea, discharge from eyes and/or ears or unknown rashes. Any child with a fever must be fever-free without medication for 24 hours before returning to TLN. If the illness persists more than two days a note from physician is required before child can return.

- There is no credit for absent days.
- Sick children will be sent home per the Sick Policy.
- All children must have a signed physician’s record on file.
- Parents are required to provide current address and phones number(s) at all times.

Holidays and School Closures

(If Holidays fall on Sat the holiday is reflexed on the Friday before and if the Holiday falls on a Sunday the Holiday is reflexed of the following Monday.)

- New Year’s Day
- Martin Luther King Day
- Professional Day Winter (Febuary)
- Presidents Day
- Professional Day Spring (April)
- Memorial Day
- Juneteenth
- Independence Day



- Professional Day Summer (August)
- Labor Day
- Professional Day Fall (October)
- Thanksgiving Day and following Friday
- Winter Break Dec 24th-Jan 1st

- Regular tuition payment is due for holidays and school closures (see Parent Handbook) _____ **(Initial)**
- There are no make-up days.

Withdrawal

- A 30 day notice of intention to withdraw from TLN must be provided in writing.
- _____ **(Initial)**
- The Learning Nest reserves the right, at its sole discretion, to dismiss any customer/child whose activities are deemed detrimental to other children, staff or TLN.

Abuse Reporting / Anti-Discrimination

- The Director or any other staff member shall report to Social Services as required by the law to report any neglect; suspicion of child abuse, sexual or otherwise; or endangerment for which they become aware.
- The Learning Nest does not discriminate on the basis of race, color, gender, disability, cultural heritage, political beliefs, marital status, national origin, sexual orientation, or religion.

I have read, understand, and agree to abide by the Policies and Procedures above.

Name of Child:

Name of Parent/Guardian:

Parent/Guardian Signature: _____

Date: _____

Surveillance Camera Release



I, _____, have read and understand that The Learning Nest may utilize surveillance cameras if they choose covering each classroom, entrance and playground to provide the up most safety and security for the children.

Viewing

Viewing of surveillance camera footage (either live video feed or recordings) will be conducted by authorized personnel only. All designated individuals viewing live feed and/or reviewing recorded video footage will be required to sign a confidentiality agreement to prevent unauthorized disclosure. Footage is monitored onsite as well as recorded on a secure DVR.

Access and Release

The Owners and Director will have access to all real-time and recorded images resulting from video surveillance employment. Only these authorized employees of The Learning Nest may review surveillance camera recorded data. Other individuals who may have a legitimate need to view recorded video data may be permitted to do so, but only with the prior approval of the Owner of The Learning Nest. Circumstances that may warrant a review should be limited to instances where an incident has been reported/observed or for investigation of a potential crime. A request to review recorded footage must be submitted in writing, utilizing the The Learning Nest Surveillance Footage Request Form. All viewing will be recorded on a log, identifying the need to review the recording, the individuals present, and the date. The log will be maintained for a period of 12 months and is located within the office of The Learning Nest.

Due to HIPPA privacy laws, requests to view footage may be denied. If so, an authorized employee will review the incident and provide a report to the requester.

Storage and Retention

Recorded surveillance camera data will be retained for a minimum of 30 days (could be longer as DVR storage capacity increases) unless required for a continuing investigation of an incident, after which the recorded data will be erased and destroyed. All recorded data will be stored on assigned secure network video recorders with secured access. Recorded data retained for investigation purposes will be strictly managed with limited access.

Name of Parent/Guardian:

Parent/Guardian Signature: _____ Date:



Parent Handbook of Policies and Procedures

Available for review online at www.thelearningnestpreschool.com

I, _____, have read, understand, and agree to abide by the Parent Handbook of Policies and Procedures.

Parent/Guardian Signature

Date

Director/ Staff Signature

Date



New Child Information Form

Child's Name: _____ Date of Birth: _____

Sex: _____

Nickname(s) child responds to:

1. Reason for choosing childcare for your child:

2. Family relationships: Who are the primary care givers of the child?

Brothers and Sisters:

Name and Age

Living with the child?

Others living in the home:

Relationship to child?

Communication:

What is the main language spoken at home?

How does your child communicate his or her needs?

Diapering and Toileting:



What is your child's diapering or toileting routine?

If your child is using the toilet, please describe how you know when s/he needs to use it, and what assistance you usually provide:

Eating:

Does your child have any dietary restrictions or food allergies?

What are your child's favorite foods?

Does s/he have any strong food dislikes?

Sleeping:

How does your child nap at home?

How does your child show that s/he is tired?

Does your child have a special routine before going to sleep?

Does your child have a special object that s/he sleeps with or uses for comfort?

Developmental:



How does your child like to be comforted?

How does your child usually react to being separated from the people who will be dropping him/her off?

Are there things that your child is afraid of (i.e. dogs, loud noises)?

How does s/he express anger or react to frustration?

What do you do when your child does something you think is wrong or bad for your child, or when your child doesn't listen to you?

Do any of your child's behaviors cause you concern?

What are your child's interests? What do they enjoy doing?

In a few sentences how would you describe your child?

Are there any holidays or special occasions that you like to celebrate with your child? Are there any holidays you do not want your child to celebrate?



Is there any other information that we should know to better serve you or your child?

Name of Parent/Guardian:

Parent/Guardian Signature: _____ Date:
