



5595 Memorial Avenue
Oak Park Heights, MN 55082
Phone) 651-439-0799 Fax) 651-439-2516

Student Registration Form

Child's Name: Birth Date: Today's Date:
Address: City/State: Zip Code:
Gender: Male Female How did you hear about us?

Primary Contact

Parent / Guardian #1: Address (if Different):
City/State: Zip Code: Home Phone:
Cell Phone: Place of Employment: Work Phone:
Email: Would you like monthly updates sent to this email? Y / N

Parent / Guardian #1: Address (if Different):
City/State: Zip Code: Home Phone:
Cell Phone: Place of Employment: Work Phone:
Email: Would you like monthly updates sent to this email? Y / N

Emergency Contact and Release Persons (Do not include parents and guardians)

If possible, please notify the center if an Emergency Release person will pick up your child on a given day. For the safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.

Name: Phone Number:
Address: Relationship to Child:
Name: Phone Number:
Address: Relationship to Child:

Please list any other individuals that Are Allowed to pick-up your child from Little Victories:

Please list any one who is Not Allowed to pick up your child from Little Victories Child Care

(A copy of the court order is required if a biological parent is not allowed to pick up the child.)

Name(s):

General Information to help make your child's transition a smooth one!

How would you describe your child's personality? _____

What are your child's favorite activities? _____

How does your child like to be comforted? _____

How do you handle your child when he/she is being uncooperative? _____

How would you like us to handle it? _____

Tell us about your child's eating habits: _____

Is your child potty trained or in the process of being trained? _____

Is your child in diapers? Yes _____ No _____ Sensitive reactions to diapers? _____

What are your expectations of Little Victories Child Center? _____

Other information that you feel would be helpful: _____

Medical Information: Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Does your child have any of the following? If yes, please explain. (Further forms may be needed for licensing purposes.)

- Special Needs _____
- Allergies _____
- Asthma _____
- Dietary Restrictions _____
- Physical Restrictions _____
- Other that we should be aware of _____

Is your child taking any Medications? Y or N If yes, what kind and why? _____

Release Agreement (Please initials each item and sign below)

_____ I authorize Little Victories Staff to initiate Emergency Care if the need arises (First Aid/CPR).

_____ I authorize the Little Victories Health Consultant (MN Visiting Nurses Association) to evaluate my child's Enrollment forms during her routine review of the Health Policies.

_____ I authorize Little Victories Staff to apply Sun Screen, Diapering Products, Insect Repellant, Lotion, or Lip Balm (**WHICH I PROVIDE**) to my child as needed.

_____ Little Victories Child Care is authorized to take my child on Field Trips by Bus (**APPLIES TO CHILDREN 3 YRS. AND OLDER ONLY**). I understand that I will need to complete a Permission Form for each filed trip.

_____ I give my permission for Little Victories to take my child's picture which may be displayed in our lobby.

_____ I have received, read and understand the policies stated in the Little Victories Parent Policy Manual.

Parent Signature: _____ **Date Signed:** _____



Payments, Reservations and Tuition Agreement Form

_____ will have a **variable or reoccurring** schedule. (If reoccurring, fill out below)
(Print Child's Name) (Circle One)

Effective _____ our weekly flex care rate will be \$ _____. I understand a "Change in Care" form needs to be submitted
(Date)

make changes to this schedule. _____
(Parent/Guardian's Printed Name) (Parent/Guardian's Signature)

Day	Drop off Time	Pick Up Time	Lunch Y/N
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Payments - The preferred method of payment at Little Victories is Tuition Express. All clients will be billed on Mondays for the previous week. Clients who are unable to use Tuition Express must pre-pay for all services before their child is left for the day. Little Victories accepts cash, checks, Visa, MC and Discover. A \$10 service charge will be assessed to all returned checks.

Flex Care Plans Rates & Reservations – Families that pay the Flex Care Plan rates will be billed based on attendance. Reservations for 3 or more hours may be submitted anytime in advance and may be set up to recur weekly. Reservations for less than 3 hours may be submitted 1 day in advance and are subject to availability. Reservations **must be cancelled the day before** the scheduled time. (A voice mail may be left the evening before). Reservations that are not cancelled in this manner will be billed to the client for the full allotted time of the reservation.

Traditional 5 Day Plan Agreement - (Please check one of the following if applicable)

_____ \$250/wk infant (6weeks—15 mo) _____ \$205/wk Toddler (16mo -3 ½ yrs.) _____ \$195/wk (3 ½ yrs. and up and potty trained).

Weekly tuition will be due on Mondays for the previous week. Full Tuition is still payable for when children are absent and when Little Victories is closed due to a holiday or training of staff. Little Victories will be closed New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day & the day after and Christmas Day. If the holiday falls on a weekend, the adjacent day will be used as the holiday. Closures due to In- Service Training will not to exceed 2 days in a calendar year. Families that change to part time care will need to re-submit this form. Families that take a full week of vacation will only be billed ½ of their tuition rate. Once a family had been enrolled in Little Victories for 1 year they will receive 1 free week of vacation tuition. These weeks must be taken in a Monday-Friday sequence. A change form must be submitted two weeks in advance when a family is discontinuing their care or taking a vacation. If notice is not properly given to Little Victories, families will be charged two weeks of full tuition regardless of their child's attendance.

I have read, understand and will comply with the Tuition Agreements and Reservations Guidelines as stated above.

Signature of Parent/Guardian

Date