



# Preschool Enrollment Paperwork

## Instructions for Completing Paperwork

- All sections must be completed entirely, including full addresses of any emergency contact people.
- If a section is not applicable to your child, please write N/A in the area. Do not leave any item blank.
- The infant and toddler feeding and care plan is required to be completed for any child under 24 months of age.
- Enrollment in the ACH electronic funds transfer for tuition payments is required. Tuition Express forms must be completed and returned on the first day of attendance.
- The toilet training agreement form must be completed for all children, regardless of age.
- Immunization records and physical forms are required to be provided on the start date,



MISSOURI DEPARTMENT OF ELEMENTARY  
AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

**CHILD CARE ENROLLMENT FORM**

|                                                                                                                                                                                                                                                                                   |                       |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| FACILITY/PROVIDER NAME                                                                                                                                                                                                                                                            | ADMISSION DATE        | DISCHARGE DATE      |
| CHILD'S NAME                                                                                                                                                                                                                                                                      | GENDER                | BIRTHDATE           |
| CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)                                                                                                                                                                                                                                   |                       |                     |
| <b>IDENTIFYING INFORMATION</b>                                                                                                                                                                                                                                                    |                       |                     |
| PARENT/GUARDIAN NAME                                                                                                                                                                                                                                                              | TELEPHONE NUMBER      |                     |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>                                                                                                                                                                              |                       |                     |
| EMAIL ADDRESS                                                                                                                                                                                                                                                                     |                       |                     |
| EMPLOYER OR SCHOOL                                                                                                                                                                                                                                                                | WORK/SCHOOL SCHEDULE  |                     |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)                                                                                                                                                                                                                           | WORK TELEPHONE NUMBER |                     |
| PARENT/GUARDIAN NAME                                                                                                                                                                                                                                                              | TELEPHONE NUMBER      |                     |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>                                                                                                                                                                              |                       |                     |
| EMAIL ADDRESS                                                                                                                                                                                                                                                                     |                       |                     |
| EMPLOYER OR SCHOOL                                                                                                                                                                                                                                                                | WORK/SCHOOL SCHEDULE  |                     |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)                                                                                                                                                                                                                           | WORK TELEPHONE NUMBER |                     |
| If you or a member of your immediate family ever served in the U.S. Armed Forces, <a href="#">click here for more information about military-related services in Missouri</a> or visit <a href="http://www.dese.mo.gov/veterans-services">www.dese.mo.gov/veterans-services</a> . |                       |                     |
| <b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT<br/>(AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)</b>                                                                                                                                    |                       |                     |
| NAME                                                                                                                                                                                                                                                                              | RELATIONSHIP TO CHILD | TELEPHONE NUMBER(S) |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)                                                                                                                                                                                                                                           |                       |                     |
| NAME                                                                                                                                                                                                                                                                              | RELATIONSHIP TO CHILD | TELEPHONE NUMBER(S) |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)                                                                                                                                                                                                                                           |                       |                     |

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).



**COMMENTS ON CHILD'S DEVELOPMENT  
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

**RELATED CHILD**

☐ Yes      ☐ No

CHILD'S RELATION TO CHILD CARE PROVIDER

**ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)**

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race?  
(Select one or more.)

☐  
American Indian or  
Alaskan native

☐  
Asian

☐  
Black or African  
American

☐  
Native Hawaiian or  
other Pacific Islander

☐  
White

**CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED**

Will child attend:  
☐ Full time ☐ Part time

Check what days  
your child will attend.

When does your child  
usually arrive each day?

When does your child  
usually leave each day?

Describe any  
changes or variations  
in usual attendance,  
including shift changes.

Monday

☐

☐ a.m.    ☐ p.m.

☐ a.m.    ☐ p.m.

Tuesday

☐

☐ a.m.    ☐ p.m.

☐ a.m.    ☐ p.m.

Wednesday

☐

☐ a.m.    ☐ p.m.

☐ a.m.    ☐ p.m.

Thursday

☐

☐ a.m.    ☐ p.m.

☐ a.m.    ☐ p.m.

Friday

☐

☐ a.m.    ☐ p.m.

☐ a.m.    ☐ p.m.

Saturday

☐

☐ a.m.    ☐ p.m.

☐ a.m.    ☐ p.m.

Sunday

☐

☐ a.m.    ☐ p.m.

☐ a.m.    ☐ p.m.

**MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY**

☐ Breakfast    ☐ Morning snack    ☐ Lunch    ☐ Afternoon snack    ☐ Supper    ☐ Evening snack    ☐ None

**HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY**

☐ New Year's Day  
☐ Martin Luther King, Jr.'s Birthday  
☐ Lincoln's Birthday  
☐ Washington's Birthday

☐ Easter  
☐ Truman Day  
☐ Memorial Day  
☐ Juneteenth  
☐ Independence Day

☐ Labor Day  
☐ Columbus Day  
☐ Veterans Day  
☐ Thanksgiving Day  
☐ Christmas Day

CACFP REQUIREMENT

| AUTHORIZATION FOR EMERGENCY MEDICAL CARE                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |                           |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| <p>I understand that I will be notified at once in the event of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(CHILDCARE FACILITY NAME)</p> <p>to contact the following:</p> |                                                                                                                                                                                                                              |                           |                          |
| PHYSICIAN OR CLINIC                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |                           |                          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | TELEPHONE NUMBER          |                          |
| PREFERRED HOSPITAL                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                              |                           |                          |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              | TELEPHONE NUMBER          |                          |
| ACKNOWLEDGMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                              |                           |                          |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.                                                                                                             |                           | PARENT/GUARDIAN INITIALS |
| B                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.                                          |                           | PARENT/GUARDIAN INITIALS |
| C                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.                                                                                      |                           | PARENT/GUARDIAN INITIALS |
| D                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.                                                                                                                       |                           | PARENT/GUARDIAN INITIALS |
| E                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.                                                          |                           | PARENT/GUARDIAN INITIALS |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.                                             |                           | PARENT/GUARDIAN INITIALS |
| G                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.                                                                                                        |                           | PARENT/GUARDIAN INITIALS |
| H                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.                                                                                      |                           | PARENT/GUARDIAN INITIALS |
| I                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed. |                           | PARENT/GUARDIAN INITIALS |
| PARENT/GUARDIAN SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                           | DATE                     |
| CACFP REQUIREMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FIRST ANNUAL UPDATE                                                                                                                                                                                                          | PARENT/GUARDIAN SIGNATURE | DATE                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SECOND ANNUAL UPDATE                                                                                                                                                                                                         | PARENT/GUARDIAN SIGNATURE | DATE                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | THIRD ANNUAL UPDATE                                                                                                                                                                                                          | PARENT/GUARDIAN SIGNATURE | DATE                     |





## **Emergency Form**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent/Guardian 1 \_\_\_\_\_ Work Hours \_\_\_\_\_  
Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent/Guardian 2 \_\_\_\_\_ Work Hours \_\_\_\_\_  
Work Phone \_\_\_\_\_ Extension \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Alternate Contacts:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
1<sup>st</sup> Phone Number \_\_\_\_\_ 2<sup>nd</sup> Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
1<sup>st</sup> Phone Number \_\_\_\_\_ 2<sup>nd</sup> Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
1<sup>st</sup> Phone Number \_\_\_\_\_ 2<sup>nd</sup> Phone Number \_\_\_\_\_

### **Medical Contact Info:**

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Important Medical Information/Allergies \_\_\_\_\_  
\_\_\_\_\_

Please list anyone other than your emergency contacts that is authorized to pick up your child from Lullaby Inn:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Missouri Department of Health and Senior Services  
Section for Child Care Regulation and Child and Adult Care Food Program  
**INFANT AND TODDLER FEEDING AND CARE PLAN**

**THIS SECTION TO BE COMPLETED BY CHILD CARE FACILITY:**

The formula provided by this child care facility is: \_\_\_\_\_.

(Check a box) ☐ Yes ☐ No This child care facility is participating in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

**Instructions to Parents** – Please complete for child who is less than 24 months of age. Update information as needed. Use a new form or initial/date changes on this form.

|              |               |               |
|--------------|---------------|---------------|
| CHILD'S NAME | DATE OF BIRTH | DATE ENROLLED |
|--------------|---------------|---------------|

**Feeding Information**

| Type of Food | Feeding Time | Kinds of Food | Amount of Food |
|--------------|--------------|---------------|----------------|
| Breast Milk  |              |               |                |
| Formula      |              |               |                |
| Infant Food  |              |               |                |
| Table Food   |              |               |                |

Who is preparing (mixing) the formula? Check all that apply: ☐ Parent ☐ Caregiver

Does your child have any problems with feedings, such as choking or spitting up?

☐ Yes Explain: \_\_\_\_\_

☐ No

Does your child use a pacifier? ☐ Yes ☐ No

**Note:** Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

**Infant Feeding Preference (under 12 months)**

Mark your preference (check all that apply).

☐ I will provide breast milk for my infant.

☐ I will nurse my infant at the center at these times: \_\_\_\_\_

The facility's formula may be used to supplement feedings if necessary: ☐ Yes ☐ No

If breast milk is unavailable for a feeding, the facility should: \_\_\_\_\_

☐ I request that the formula provided by the child care facility be served to my infant.

☐ I will provide infant formula for my infant. Name of formula: \_\_\_\_\_

☐ I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**

☐ I will provide solid foods for my infant.

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| Toddler Feeding Preference (12 through 23 months)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |               |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|----------------|
| Check all that apply: <input type="checkbox"/> Spoon <input type="checkbox"/> Cup <input type="checkbox"/> Feeds Self <input type="checkbox"/> Feeding Table or Chair                                                                                                                                                                                                                                                                                                                                                                                                               |              |               |                |
| Type of Food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Feeding Time | Kinds of Food | Amount of Food |
| Breast Milk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |               |                |
| Milk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                |
| Table Food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |               |                |
| <b>Arrangements for Sleep – Licensing rules require that infants be placed on their back to sleep.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |               |                |
| Time(s) Child Usually Naps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | Length of Nap |                |
| <b>Additional Instructions Related to Sleeping:</b><br><b>Note:</b> When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions. |              |               |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |               |                |
| <input type="checkbox"/> My child is 12 months or older, and I give my permission for my child to sleep on a cot.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |               |                |
| Signature of Parent/Legal Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | Date          |                |
| <b>Diapering Instructions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |               |                |
| List any lotions and/or ointments, etc. that you have provided and give permission for caregivers to use on your child. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |               |                |
| For <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Rash <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |               |                |
| <input type="checkbox"/> I do not want caregivers to use any lotions, powders, ointments or similar items on my child.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |               |                |
| I will furnish the following baby supplies for my child; clearly labeled with my child's name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |               |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |               |                |
| Special Instructions for Care (e.g., restrictions, allergies, etc.):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |               |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |               |                |
| Signature of Parent/Legal Guardian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              | Date          |                |



## Parent Policy Handbook

**About Us:** At Lullaby Inn, we recognize each child as an individual that needs specialized care. We understand that the early childhood years are the most crucial years of development. It sets the pathway for a lifetime of learning. We provide programs which are developmentally appropriate within our safe and nurturing environment. We recognize that children learn at different rates, and we are dedicated to implementing a program that meets the social, emotional, physical and cognitive development of each child. Lullaby Inn has a wonderful team of staff and management that are available to answer questions.

**Admission of Students:** Lullaby Inn accepts new students beginning at 6 weeks old into our program. Upon admission, all children are enrolled provisionally for the first six weeks. Lullaby Inn recognizes each child as an individual with specific needs and we understand that our program may not be the right fit for every child. At the conclusion of the six weeks, the Director will provide feedback to the parent regarding the appropriateness of our program for the child. If it is determined that Lullaby Inn is not the best fit for your family, we reserve the right to terminate childcare services without notice.

**Tuition:** All payee accounts will be required to enroll in ACH through Tuition Express. This convenient service allows our facility to automatically withdraw the tuition on a weekly basis. Payments are not accepted on a bi-weekly or monthly payment plan. There is a 2.5% processing fee applied to all credit card payments. *A classroom or multiple classrooms may temporarily close, at the sole discretion of the school, for a public or private health issue or for any issue beyond the school's control which may impact the health and safety of children. Tuition and fees paid will not be refundable nor will any credit be granted for future attendance.*

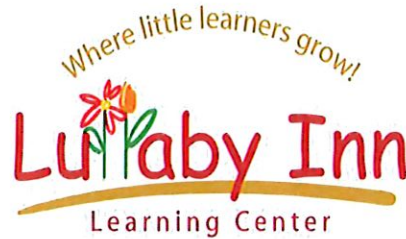
**Tuition Increases:** Tuition rate increases will take place on an annual basis in June. Parents will be notified 30 days in advance of any changes to their tuition.

**Registration Fee:** There is a non-refundable registration fee in the amount of \$100 per child or \$125 for a family. This must be paid prior to enrollment and is required to be placed on the waiting list. Registration fees are non-refundable, and parents are required to sign an agreement form prior to paying the registration fee.

**Annual Fee:** An annual fee will be charged to each family account in the amount of **\$100 per child**. This fee will be automatically deducted from the account on file by January 31<sup>st</sup> on a yearly basis. A reminder will be sent out via email a minimum of 30 days in advance. This fee is to support the expense of curriculum supplies, outside visitors/performers, annual administrative fees, etc.

**Part-Time Care:** Part-time childcare is available to children over the age of 2. We offer care on a schedule of either Tuesday/Thursday, or Monday/Wednesday/Friday. The schedule must remain consistent for each week. Any schedule change request must be in written form and submitted to a member of the management team. Part-time schedules will be subject to availability.





**Late Pick-up fee:** Our facility operates between the hours of 6:00am-6:00pm, Monday through Friday. For the safety and order of our school, late pick-up fees will be assessed at \$1.00 per minute after 6:00pm. We recognize that unforeseen circumstances may arise, however, there are no exceptions to the policy. If you are unable to pick your child up by 6:00pm, please contact the center directly and inform a staff member.

**Returned Check Fee:** A charge of \$35 will apply for any returned check or ACH payment. Late payment fees will continue to accrue at a rate of \$10 per day until payment has cleared.

**Termination of Childcare Services:** Lullaby Inn requires two (2) weeks written notice if the parents(s) wish to withdrawal their child from the facility. Lullaby Inn reserves the right to request the withdrawal of any student for the following reasons.

- 1) Behavioral misconduct which is deemed disruptive to the learning environment.
- 2) Lack of cooperation by parent/guardian which impacts a child's ability to be successful.
- 3) Creating an uncomfortable work environment for parents, children, or staff through use of foul language or threatening/coercive behavior.

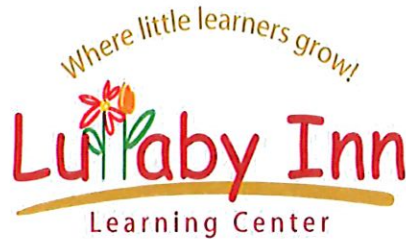
**Arrival Procedures:** Lullaby Inn encourages drop-offs to take place by 9:00am to ensure your child is present for morning curriculum activities. If your arrival is after 10:00am we do require the parent to call and inform a member of the management team. This ensures that we have the proper number of staff available to maintain teacher/child ratios. Lullaby Inn reserves the right to prevent a child from attending the day if they arrive after 10:00am without advanced notice.

**Absence Policy:** If your child will not attend the center for the day, it is imperative that the management team is notified by 10:00am daily. If your child is absent for an entire week (Monday-Friday) the parent will still be responsible for 50% of their tuition rate. If the child attends the center for at least one day in a week then the tuition will be due for 100% of the weekly rate. This policy is intended to cover absences for any reason by either party. This includes reasons of illness (at the discretion of the parent or the facility management), vacation, snow days, natural disasters, holidays, etc. 50% of the tuition rate will be required for ANY full week of absence regardless of the reason.

**COVID-19/Pandemic Response:** In the spring of 2020, the Coronavirus caused the state of Missouri to implement school closings and a shelter in place order. Lullaby Inn remained open throughout the pandemic to provide care for children. In response to the unprecedented event, we offered 3 tuition options to parents.

- 1) Continue allowing their child to attend and pay for weekly childcare services.
- 2) Unenroll, do not pay weekly tuition, and re-register when they are ready without guarantee of available space.
- 3) Utilize absentee policy and continue paying 50% of the tuition rate to guarantee a spot when the family is ready to return.





This policy will remain in effect for any future situations in which a stay-at-home order is enforced. If quarantine is implemented, by either the family or the facility's discretion, 50% of the tuition will be required during a full week of absence. This policy pertains to COVID-19, in addition to any unforeseen pandemic that might present itself in the future.

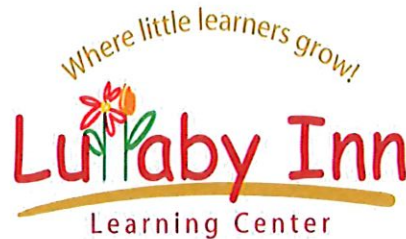
**School Closures:** Lullaby Inn recognizes certain holidays in which the facility will remain closed. Parents are still responsible for the full tuition rate during the holiday weeks if their child attends even one day that the facility is open. The days the center will be closed include, but are not limited to, Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, and New Year's Day. If the holiday falls on a weekend, we will observe either the day before or the day after as the holiday and the center will be closed. Additional holiday closings will be subject to change dependent on the calendar year. The center will also close for two days annually in March to allow our staff to attend the Conference of the Young Years held at the Lake of the Ozarks. A school calendar of closings will be provided to parents in January that will outline the days that the facility will not be open. **Lullaby Inn reserves the right to designate 5 days in one calendar year (January-December) to be utilized for professional development.**

**Illness Policy:** We understand that it is difficult for parents to take time off when your child is ill. It is a licensing policy that children are unable to be present at the facility with any of the following symptoms: fever over 100 degrees, 2 or more instances of diarrhea or vomiting, severe coughing, difficulty breathing, unusual spots or rashes, itching of the scalp. Please monitor your child(ren) at home for any signs of illness to ensure they are in good health to attend school. If they show any symptoms of illness, we ask that you keep them home for monitoring and take them to the doctor if necessary. If a child is observed to have symptoms at the facility, the parent/guardian will be contacted immediately to pick them up for the day. We request that your child is picked up within one hour to prevent the spread of illness. **All children must be symptom free for 24 hours prior to returning to school.** If the child is seen by a doctor and a note is provided stating that they are free of contagious illness, then the child MAY be allowed to return prior to the 24 hours. This is at the discretion of the management team.

**Medication Policy:** Lullaby Inn will only administer medication to a child if a medication authorization form is completed by the parent. These forms are required to be updated on a bi-weekly basis. The form must be completed in full, and all medications must be brought in the original labeled container with the child's name on it. This does include topical medications/ointment including Chapstick, Vaseline, diaper ointment, etc. All medications will be stored in the office to ensure they are out of reach for the children.

**Arrival/Dismissal Procedures:** Children will not be released to anyone that is under the age of 18. Only individuals listed on the enrollment paperwork will be allowed to enter the building and pick up a child. It is required that all children are signed in and out daily using the attendance tablet located in the lobby. Once a child is signed in, the parent/guardian is required to accompany your child to the classroom and ensure that they are dropped off to an authorized staff member. It is imperative that the staff member acknowledges the child upon arrival and departure to ensure accurate teacher/child ratios. If someone other than the parent will be picking up, we request that the door code is not shared





with them. A photo identification card must be presented before access into the building is allowed. A member of the management team will ensure that they are authorized and will allow them entry into the building. We do ask that parents provide advanced notice if someone other than a parent will be picking up for the day.

**Sibling Supervision:** It is a policy at Lullaby Inn that children are not left outside in the parking lot during pick up and drop off. This is a serious safety concern, and it may result in the termination of childcare services if children are left unattended. Parents are expected to bring siblings into the building at pick up and drop off, and to maintain close supervision of them always.

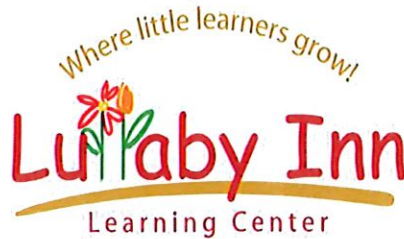
**Emergency School Cancellation:** It is our objective to remain open during all weather conditions for families. However, the safety of our students and staff is a top priority and there may be circumstances that we deem it necessary to remain closed for all or part of the day. **School closings due to inclement weather** will be announced via Facebook and through email immediately. In addition, there will be announcements on TV Channels 2, 4, and 5.

**Outdoor Recess:** Unless there is dangerous weather, time is spent outdoors each day. By 9:00am, the staff will determine whether it is safe for the children to play outside that day. Please be certain that your child comes with appropriate outdoor clothing each day. If, for any reason, you do not want your child to be outdoors, we encourage you to plan for your child to remain at home for the day. Unfortunately, we are not staffed to provide both indoor and outdoor care for the children during recess. Most injuries occur outside on the playground. We do require a closed-toe shoe to be worn for your child to play on the equipment. Children wearing flip flops will be provided with activities on the concrete pad.

**Rest Period:** Lullaby Inn will have a designated quiet/nap period daily from 12:30-2:30pm. Children under the age of 12 months will be required to nap in a crib. Children 12 months and older will be designated a cot that is provided by the center. All cribs and cots will be individually labeled and will not be shared. The parents are responsible for providing a fitted crib sheet and small blanket for their child. These items will be sent home on Friday on a weekly basis to be laundered and returned to the facility on Monday. A small stuffed animal may be brought in as a comfort item, but the facility will not be responsible for any items that are lost or misplaced.

**Meals:** Breakfast, a morning snack, lunch, and afternoon snacks are included in the weekly tuition rate. Breakfast will be served from 8:00am-8:30am daily. Parents are expected to provide breakfast to their child at home if they arrive after 8:30am. **OUTSIDE FOOD CANNOT BE BROUGHT INTO THE FACILITY.** If a child arrives with a food item in hand, they will be asked to dispose of it prior to entering the classroom. If a medical condition requires an individualized meal plan, we must receive this in writing from a physician. Lunch will be served around 11:30am. Afternoon snacks will be served between 2:30-3:00pm daily. Lullaby Inn is a nut free facility, and we are unable to allow any items into the center that contain these ingredients. Should your child require an individualized meal plan, this guideline must be adhered to.





**Infant/Toddler Meals:** All parents are required to complete and update an Infant/Toddler Feeding Plan upon enrollment. This will provide guidance to the teachers throughout the day regarding mealtimes and patterns. Parents are responsible for providing formula/breast milk, purees, and snacks until their child is eating solids. Once eating solids, the children will be served school meals daily. We do ask that parents do not provide food that the child has not been exposed to at home. This will prevent an allergic reaction from occurring while the child is at the center. If an infant requires a milk alternative, we do ask that it does not contain any traces of nuts. Soy milk, oat milk, and Ripple milk are acceptable alternatives to cow milk. All food items and bottles must be individually labeled with the child's first name.

**Curriculum:** Daily learning activities are a large part of a child's routine at Lullaby Inn. The learning centers begin at 9:00am and we encourage all children to have arrived by this time. Our facility has a Curriculum Director unique to Lullaby Inn. She works closely with Parents as Teachers and the Wentzville School District to ensure that the learning activities are designed to prepare the children for kindergarten.

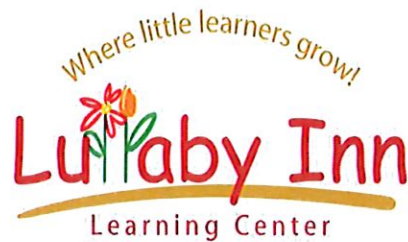
**Daily Reports:** Parents will receive an electronic daily report for each child enrolled at Lullaby Inn. This daily report will keep parents informed about their child's day including meals, nap, times, daily activities, and reminders for parents. We encourage everyone to review the reports daily to remain involved in your child's learning experience.

**Employee Contracts:** Our focus at Lullaby Inn is to provide a professional service to the families and children that we serve. To maintain these boundaries, we request that parents do not solicit the staff for childcare services outside of the facility (babysitting, nanny, etc.) This policy is outlined in the employee handbook that each individual signs upon hire. Additionally, the policy manual states that our staff members are not to communicate directly with family members on a personal level outside of the facility. This includes phone calls, text messages, social media messages, etc. We ask that our parents respect these policies by maintaining appropriate boundaries with our staff.

**Accident/Incident Reports:** At Lullaby Inn, we recognize that injuries are not uncommon in this environment. Most injuries occur on the playground, and this is why we do require closed-toed shoes to utilize the outdoor equipment. It is our policy to keep parents informed regarding any injuries that occur while their child is present at the facility. If the injury leaves a mark (large or small) on the child, a member of the management team will contact a parent via telephone to inform them of the incident. In addition, a written report will be completed, and the parents will be required to sign it at pick up. These reports remain at the facility and will be filed accordingly. If a head injury occurs, the parent will be notified immediately. In extreme circumstances, the management team may require a child to be picked up for further evaluation.

**Medical Requirements:** A physical form and an updated copy of shot records are required to be on file for each child. For children that are not vaccinated, DESE requires us to have a waiver on file from the St. Charles County Health Department. We request that you provide us with updated shot records to ensure we have the most recent copy. If a medical condition is listed on a physical form by the doctor,





Lullaby Inn is required to have a care plan completed by a medical professional kept in the children's file. This includes conditions of asthma and allergies.

**Safety and Security:** The safety and security of the children is a top priority at Lullaby Inn. The doors to our facility remain locked from the outside to ensure that unauthorized individuals do not enter the building. The main door has a keypad that only parents/guardians are provided with. This code is changed periodically, and parents will be notified when this happens. We ask that the door code is not shared with emergency contact people to limit the number of individuals that enter the building without verification. Cameras are strategically located throughout the interior and exterior of the building. These are for monitoring purposes only and do not have the capability for parental access.

**School Newsletter:** Each month you will receive a newsletter from Lullaby Inn via email. This contains information regarding what is happening around campus, upcoming events, notes and reminders, and much more! Please be sure to read this newsletter completely each month to stay informed.

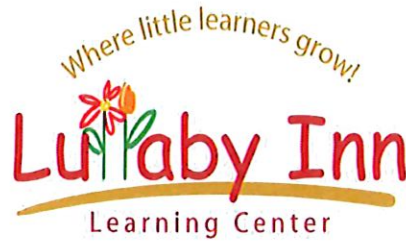
**Birthday Celebrations:** Birthdays are very special to children, and we would like to celebrate your child's meaningful day. You may send birthday treats for your child to share if you desire. Please ensure that it is a prepackaged, store-bought item, and that the food **does not contain nuts or nut butter (including Nutella)**.

**Other Items from Home:** Our classrooms provide a wide variety of activities for the children to choose from. We ask that parents refrain from bringing outside toys, games, or other items from home into the facility. Lullaby Inn requests that technology (phones, tablets, smartwatches, etc.) not be brought onto the premises by students without prior authorization from a member of management. If a student does need to bring these items into the school, the device is to remain in their child's backpack and turned off throughout the day. Lullaby Inn is not responsible for missing or damaged electronic items that are brought onto the premises.

**Parent Concerns:** If issues arise in which parents/guardians wish to express concerns, it is the expectation that this is done in a calm and private manner inside the office. At Lullaby Inn, we believe that verbal communication is best, and we encourage parents to speak directly with a member of the management team. The management team is available to meet with parents by appointment at a mutually agreed upon time. When a parent has a question, concern, or grievance regarding his/her child, he or she should make every effort to bring their issue to the appropriate person, as outlined below:

- 1<sup>st</sup>- Child's classroom teacher
- 2<sup>nd</sup>- Center Director(s)
- 3<sup>rd</sup>- Executive Director

**Peer Conflicts:** Peer conflicts are a part of everyday life experiences for a child. At Lullaby Inn, we recognize that there are different stages of development and understand that with each stage they are learning self-control. Children are still learning to respect one another's personal space, and it is one of



the main goals at Lullaby Inn to help them foster positive peer relationships. Some examples of normal peer conflict include:

- occasional physical interactions like pushing, biting or hitting
- getting upset regarding not being the first to complete a task
- taking an item from another child
- engaging in negative verbal interactions or disagreements

These types of peer conflicts are considered normal and part of a child's necessary social development. The teachers will work to guide the children through conflicts and assist them with using calming strategies to resolve negative situations. Each instance of peer conflict will be assessed on a case-by-case basis. If the behaviors are extremely aggressive, intentional, and repeated over time, the management team will respond accordingly.

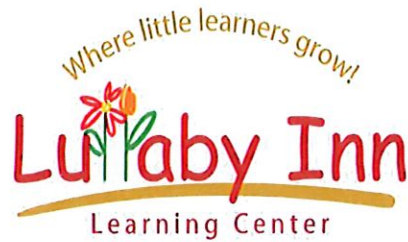
**Discipline and Procedures for Handling Misconduct:** Lullaby Inn believes that all children learn best in a stress-free environment. We strongly believe that redirection is the best method for handling unwanted behavior. Parent/teacher communication is imperative, and we ask the parents to update the teacher if any changes in the child's routine are present. When a student exhibits the following behavior, it is the responsibility of the management team to enforce corrective action immediately.

- Repeated physical harm to themselves, other students, or staff (hitting, pushing, biting, stabbing, etc.)
- Bringing weapons to school or threatening to harm others with weapons
- Extreme defiance including consistent refusal to follow directions or facility expectations

Lullaby Inn reserves the right to address issues with professional discretion based on individual situations, however, below is the general course of action the facility follows to resolve these behavioral issues:

- 1) Verbal corrective and/or redirection of the behavior in the classroom. The student and teacher will work collaboratively to resolve the problem in the classroom.
- 2) The child will be removed from the classroom and redirection will take place in the office with a member of the management team. If the behavior is unable to be redirected for the child to return to the classroom, the parent will be contacted to pick the child up for the day.
- 3) If the behavior is persistent for several days/weeks, a parent conference will be schedule between the teachers and the Center Director(s). The goal of this meeting is to develop an individual behavior plan for the child. This plan may include seeking counseling, specific diagnostic testing, or a full evaluation by an outside agency. A timeline will be established for assessing the success of the Behavior Plan. In Lullaby Inn's experience, the success of a student that is struggling behaviorally is largely influenced by the support system that is put in place by the parent/guardian.
- 4) Academic probation will be enforced if the unwanted behaviors continue with/without the support of outside agencies. The student's continued enrollment will be contingent upon his or





her adherence to the Individual Behavior Plan. If minor improvements are not observed during the timeline given, the child will be placed on academic probation for a period of 30 days.

- 5) Termination of childcare services will take place if deemed necessary for the safety of the classroom environment. If termination is enforced, the parent/guardian will be provided with a 2-week written notice, in writing. Payment for the remaining two weeks of childcare will be required to be paid, in full, once the termination letter is issued. If a parent decides not to bring their child back to fulfill the two weeks, payment for the two weeks will still be required per our termination of childcare services policy.

Lullaby Inn is committed to working with the child and the family on any issues of misconduct. However, the management team does reserve the right to modify these procedures or enforce immediate termination of childcare services if deemed necessary for the safety of the child and/or their peers. If a family is informed of immediate termination, the responsible party will not be required to pay for the next two weeks of childcare services as outlined in the handbook.

**Social Media:** We encourage all families to find and “like” us on Facebook under Lullaby Inn Learning Center. You can find information regarding upcoming events, articles/resources, photos from school, and other important updates. School closings will also be visible immediately on Facebook.

**Licensing Rules:** Lullaby Inn retains a copy of the licensing rules and regulations set forth by the Department of Health and Senior Services. A copy is available for your review upon request.

**Policy Changes:** The parent policy handbook is fluid and may be modified over time. If a policy change is necessary, parents will be notified 30 days prior to implementation of the change.

I \_\_\_\_\_ acknowledge that I have reviewed the parent policy manual and understand the policies and procedures. I recognize that these policies are not intended to cover every situation that may arise while my child is attending Lullaby Inn. It is simply a general guide to the goals, policies, and practices of the center. By my signature below, I acknowledge and agree to comply with the information provided to me in this manual.

---

Parent Signature

---

Date

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION

# CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

**SAVE**

PRINT

**RESET**

## IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

**CURRENT STATE OF HEALTH**

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on \_\_\_\_ / \_\_\_\_ / \_\_\_\_, this child can participate in a child care program. This child has no special care needs unless specified below.

*(Date of medical examination must be within the last 12 months.)*

# PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN

DATE \_\_\_\_\_

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER  
(MAY USE STAMP.)

IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME  
(PLEASE PRINT.)

TELEPHONE NUMBER





## Playground Release Form

Parent(s) Name(s) \_\_\_\_\_

Child's Name(s) \_\_\_\_\_

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

Address \_\_\_\_\_

I hereby consent my child(ren) \_\_\_\_\_ to use all of the playground equipment at Lullaby Inn Learning Center. Equipment of the playground includes climbing structures, slides, bikes, scooters, hula hoops, balls, etc. I recognize that injuries may occur. I fully understand that the members of Lullaby Inn Learning Center are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow the staff members of Lullaby Inn Learning Center to render first aid to my child or children in the event of any injury or illness. Furthermore, if deemed necessary by Lullaby Inn Learning Center, I give them my permission to call 911 to seek medical help, including transportation to any health care facility or hospital.

I understand that it is the express intent of Lullaby Inn Learning Center to provide for the safety and protection of my child(ren), and in consideration for allowing my child(ren) to play on the playground equipment. I hereby release Lullaby Inn Learning Center, its employees, and owners from all liability for any and all damages and injuries suffered by my child (ren) while playing with/on the playground equipment. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for my child (ren) protection and my own protection. I also understand that my child (ren) will be with supervision at all times they are playing with/on the playground equipment. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date



### **Cot Consent**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to sleep on a cot once they are over the age of 12 months and have transferred to the toddler unit. I consent to my child sleeping on a cot and I am aware that the cots are raised an average of 6 inches off of the ground.

### **Sunblock Consent**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to be administered sun block when going outdoors. I understand that sunblock will be provided by the parent and will be kept at the center at all times.

### **Bug Spray Consent**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to be administered bug spray when going outdoors. I understand that bug spray will be provided by the parent and will be kept at the center at all times.

### **Photo Consent**

I, \_\_\_\_\_, give permission for Lullaby Inn to use my child, \_\_\_\_\_, photo for the purpose of printing/publishing them in newspapers, magazines, flyers, posters, articles, advertisements, banners, signs, Facebook, etc.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





## Photo Consent Form

Printed name of person completing this form: \_\_\_\_\_

I have been informed that Lullaby Inn Learning Center does utilize pictures of the children for marketing tools on multiple forums. By initialing the lines below, I grant Lullaby Inn and its affiliates to use my child's images for the purposes outlined in the description. I agree that allowing my child's photograph to be used is on a voluntary basis and that I will not receive any monetary compensation for the release of these photos. Furthermore, I hereby release Lullaby Inn and its legal representatives from all claims and any liability relating to these images. I understand that I can deny consent for my child's photographs to be used by completing the section at the bottom labeled "Refusal of Content."

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please list the first and last name of the child(ren) below each line if you are consenting to the photo release of their images. Children under one household will not be photographed unless they are outlined individually in each initialed section.

- \_\_\_\_\_ Photographs can be used for classroom projects and may be displayed throughout the center  
Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ Photographs can be posted on social media forums, including but not limited to, Facebook, Instagram, Twitter, etc.  
Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ Photographs can be used for promotional materials, such as brochures and fliers  
Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ Photographs can be used for fundraising purposes and to raise awareness about upcoming events at the center  
Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ Photographs can be used for newspaper or magazine publication  
Permission granted for: \_\_\_\_\_
- \_\_\_\_\_ Photographs can be posted on the company web site for promotional purposes  
Permission granted for: \_\_\_\_\_

\*Please see the other side of this form and complete additional information



## Photo Consent Form

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

I \_\_\_\_\_ am the parent/legal guardian of the children listed on this form. I hereby grant permission to Lullaby Inn to take and use digital images of my child for the specific use identified by my initials. I recognize that this agreement is in full affect and that it is my responsibility to update this form if I would like to make changes to the release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Refusal of Consent

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

I \_\_\_\_\_ have read the information outlined on this form and do **not** consent to the release of my child's digital images for any purpose. I understand that this includes the use of photographs for any classroom projects that my child may create during curriculum.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## Toilet Training Service Agreement

At Lullaby Inn, it is our goal to help your child reach their developmental milestones while enrolled in our program. Toilet training is a critical part of development and it is our mission to assist your family with reaching this goal. Each child presents with their own unique set of circumstances that influence the duration of time it takes to achieve completion. Continued reinforcement at home plays an important role in ensuring that your child will have the highest rate of success. It is important for parents to recognize that we do not provide any guarantees. Collaboration between the teacher and parent is necessary during the toilet training process.

We encourage you to consult with your child's pediatrician to evaluate if he/she is developmentally ready before beginning the toilet training process.

It is the responsibility of the parent/guardian to provide all necessary items prior to beginning the toilet training process. These items include but are not limited to: **(3) extra changes of clothes, pull-ups or training undergarments, and wipes.** These items are of great necessity to the toilet training process and must be kept at the center always. Soiled clothing will be sent home in a bag at pick up and it will be the responsibility of the parent to launder those items. Toilet training will include positive reinforcement and will follow a routine established between Lullaby Inn and the parents/guardians. The teacher will provide ongoing feedback about your child's progress and a daily report of scheduled bathroom breaks and their outcome.

I, the parent/legal guardian of the child listed below, hereby give my full consent and approval for my child to participate in the toilet training process. I certify that my child is fully capable of participating in toilet training and there are no restrictions placed upon him/her that would hinder this process. In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the organization of Lullaby Inn for any injury that may be suffered by my child in the normal course of participation in the toilet training process. I agree to keep the teacher updated on progress at home and provide all necessary items outlined in this service agreement. I understand that failure to provide these items may void this agreement and that toilet training services will be interrupted until the supplies are provided.

Name of Child: \_\_\_\_\_

Date to begin toilet training: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## All About Me

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Parents Names: \_\_\_\_\_

I have \_\_\_\_ brothers and \_\_\_\_ sisters, their names and ages are: \_\_\_\_\_

\_\_\_\_\_

Has your child been in childcare before? Yes\_\_\_\_ No\_\_\_\_

Does your child have a regular bedtime schedule? Yes\_\_\_\_ No\_\_\_\_

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

Are there any special dolls, blankets, etc. that your child needs to go to sleep?

\_\_\_\_\_

Has or does your child have any known health problems? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child take daily medications? Yes\_\_\_\_ No\_\_\_\_

If yes, what medication and when is it given? \_\_\_\_\_

Does your child have any known allergies? Yes\_\_\_\_ No\_\_\_\_

If yes, please list allergies: \_\_\_\_\_

Is your child prone to: upset stomach, colds, seasonal allergies, ear aches,

headaches, sore throats, nose bleeds, other: \_\_\_\_\_



Are there any indications of hearing or vision problems? \_\_\_\_\_

Does your child have any physical or mental disabilities? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain: \_\_\_\_\_

What are your child's eating habits? (Trying new things, picky eater, eats great)

\_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_

How does your child get along with other children? \_\_\_\_\_

\_\_\_\_\_

Are there any recent family events or changes? (moving, death, divorce, marriage, new sibling, etc.) \_\_\_\_\_

\_\_\_\_\_

Your normal drop off time will be \_\_\_\_\_ and pick up will be \_\_\_\_\_

Is there anything you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

What are your expectations of this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

These questions were answered by: \_\_\_\_\_



## Tuition Express Agreement

Lullaby Inn Learning Center utilizes ProCare software and Tuition Express for all tuition information, charges, and payments. This is to make tuition payments and account information more convenient for families.

Lullaby Inn Learning Center is a self-supporting program. Registration, tuition, and yearly fees are used to cover operating expenses for our school.

Tuition is due the Friday before the week of care by 6:00pm to not be considered late. A late fee of \$10.00 per day will be charged each day after payment is due. If a payment is declined or returned for any reason, a \$35.00 fee will be charged to your account.

You have the option to pay weekly tuition by:

- ACH Payment (auto withdrawal from a checking account)
- Credit Card Payment (in person or online – a 2.5% processing fee will be applied)
- Cash, Check, or Money Order

Our company requires every family enrolled at Lullaby Inn to have a credit card/checking account on file (See the attached Credit and ACH authorization paperwork). Lullaby Inn reserves the right to charge the account on file if the outstanding balance is two weeks past due. If the parent decides to terminate childcare services, Lullaby Inn does require a written two-week notice informing the Center Director of the change.

Lullaby Inn will charge any outstanding balance to your credit card or checking account on file if payments are not made in full by the last date of attendance. For any tuition questions or comments, contact your Center Director.





I want to enroll in Tuition Express and have my weekly tuition automatically withdrawn from my Checking/Savings account:

Yes ☐

No ☐

I want to enroll in Tuition Express and have my weekly tuition automatically withdrawn from my credit/debit card and understand there will be a 2.5% processing fee applied to each payment:

Yes ☐

No ☐

I will have an updated credit/debit card or checking account on file at all times while my child is enrolled at Lullaby Inn.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I have read the Tuition Express Agreement and understand that my credit card or checking account on file will be charged if my outstanding balance is two weeks delinquent and/or services are terminated with a remaining balance owed.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

|                      |                 |
|----------------------|-----------------|
| Cardholder Name      | Phone #         |
| Cardholder Address   | City State Zip  |
| Account Number       | Expiration Date |
| Cardholder Signature | Date            |

##### SECTION B (Bank Account)

|                                           |                              |                                   |                                   |                                  |
|-------------------------------------------|------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| Your Name                                 | Phone #                      |                                   |                                   |                                  |
| Address                                   | City State Zip               |                                   |                                   |                                  |
| Bank or Credit Union Name                 | Bank or Credit Union Address | City                              | State                             | Zip                              |
| Routing Transit Number (see sample below) |                              | Account Number (see sample below) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Authorized Signature                      | Date                         |                                   |                                   |                                  |

#### For Official Use Only

Date Received

Employee Signature

|                                                               |                                  |              |
|---------------------------------------------------------------|----------------------------------|--------------|
| John Sample<br>Mary Sample<br>123 Nice Street<br>Anytown, USA | BANK OF THE WEST<br>555.555.5555 | 00226        |
| Pay to the order of:                                          | <b>Attach Voided Check Here</b>  | \$           |
| Deposit slips not accepted                                    |                                  | Dollars      |
| 12345678901                                                   | 10003308                         | 0226         |
| Routing Number                                                | Account Number                   | Check Number |

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