

Little Feet Child Care^{LLC}

10477 SW Riverwood Lane

Tigard, OR 97224

Enrollment Status: Enrollment Date: Student ID: Tuition Rate:	Signed Enrollment Forms: Signed Parent Handbook: Updated Immunizations: Signed Immunization Form:
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Enrollment Application Sep 2017 - Jun 2018

Child's Name:	Date of Birth:
Address:	Phone:

Parent 1 Name:	Date of Birth:
Address:	Home Phone: Cell Phone:
Employer:	Work Phone:
Address:	Email:

Parent 2 Name:	Date of Birth:
	Home Phone: Cell Phone:
Employer:	Work Phone:
Address:	Email:

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Medical Form

File Copy

Sep 2017 - Jun 2018

Child's Name:	Date of Birth:
Parent 1 Name:	Work Phone: Cell Phone:
Parent 2 Name:	Work Phone: Cell Phone:
Insured Name:	Insurance Carrier:
Policy Number:	Group Number:
Doctor's Name:	Phone:
Address:	Immunization Record On File: Yes No
Dentist Name:	Phone:
Address:	

Our childcare provider, Little Feet Child Care, LLC and staff have our permission for the following:

(PLEASE CHECK ALL THAT APPLY)

- To call an ambulance if necessary
- To take our child to a physician or hospital in case of an emergency
- To give prescription medication when instructed as prescribed by child's physician
- To give non-prescription medication, supplied by parent, as instructed by parent
 - Tylenol
 - Motrin
 - Orajel
 - Teething Tablets
 - Sunscreen - Specify Brand: _____
 - Diaper Ointment - Specify Brand: _____
 - Other - Please Specify: _____

Signature:	Signature:
Date:	Date:

Little Feet

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Medical Form

Emergency Copy

Sep 2017 - Jun 2018

Child's Name:	Date of Birth:
Parent 1 Name:	Work Phone: Cell Phone:
Parent 2 Name:	Work Phone: Cell Phone:
Insured Name:	Insurance Carrier:
Policy Number:	Group Number:
Doctor's Name:	Phone:
Address:	Immunization Record On File: Yes No
Dentist Name:	Phone:
Address:	

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- To call an ambulance if necessary
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- To give prescription medication when instructed as prescribed by child's physician
- To give non-prescription medication, supplied by parent, as instructed by parent
 - Tylenol
 - Motrin
 - Orajel
 - Teething Tablets
 - Sunscreen - Specify Brand: _____
 - Diaper Ointment - Specify Brand: _____
 - Other - Please Specify: _____

Signature:	Signature:
Date:	Date:

Little Feet Child Care^{LLC}

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Tigard, OR 97224

*Emergency Release From
File Copy
Sep 2017 - Jun 2018*

Either a parent or guardian, having legal custody of a minor, may give written authorization for an adult, into whose care the minor has been entrusted, to consent to x-ray examinations, anesthesia, medical or surgical diagnosis and/or treatment and hospital care to be rendered, to the said minor, under the provisions of the medical practice act, or to x-ray examinations, anesthesia, dental and/or treatment and hospital care to be rendered to said minor by a dentist licensed under the dental provisions law?

Child's Name:	Date of Birth:
Child's Doctor:	Address: Phone:
Child's Dentist:	Address: Phone:
Insured Name:	Insurance Carrier:
Policy Number:	Group Number:
Parent 1 Name:	Home Phone:
Work Phone:	Cell Phone:
Parent 2 Name:	Home Phone:
Work Phone:	Cell Phone:

Parent 1:	Parent 2:
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Understand the above and hereby authorize Little Feet Child Care, LLC and staff to give permission for any necessary medical, hospital or dental treatment for my/our child.

_____ in the event of injury or illness while the child is in care of the above name provider or center. I/We understand and agree that I/We would be financially responsible for any medical treatment necessary. I/We have full understanding that every attempt will be made to contact the parent/guardian in the event that medical treatment is necessary. I/We understand that certain medical emergencies may not allow much time for contact of the parent/guardian and that if a life threatening situation arises, immediate attention will be sought by the provider.

Signature:	Signature:
Date:	Date:

Little Feet

Child Care^{LLC}

10477 SW Riverwood Lane

Tigard, OR 97224

Emergency Release From

Emergency Copy

Sep 2017 - Jun 2018

Either a parent or guardian, having legal custody of a minor, may give written authorization for an adult, into whose care the minor has been entrusted, to consent to x-ray examinations, anesthesia, medical or surgical diagnosis and/or treatment and hospital care to be rendered, to the said minor, under the provisions of the medical practice act, or to x-ray examinations, anesthesia, dental and/or treatment and hospital care to be rendered to said minor by a dentist licensed under the dental provisions law?

Child's Name:	Date of Birth:
Child's Doctor:	Address: Phone:
Child's Dentist:	Address: Phone:
Insured Name:	Insurance Carrier:
Policy Number:	Group Number:
Parent 1 Name:	Home Phone:
Work Phone:	Cell Phone:
Parent 2 Name:	Home Phone:
Work Phone:	Cell Phone:

Parent 1:	Parent 2:
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Understand the above and hereby authorize Little Feet Child Care, LLC and staff to give permission for any necessary medical, hospital or dental treatment for my/our child, _____ in the event of injury or illness while the child is in care of the above name provider or center. I/We understand and agree that I/We would be financially responsible for any medical treatment necessary. I/We have full understanding that every attempt will be made to contact the parent/guardian in the event that medical treatment is necessary. I/We understand that certain medical emergencies may not allow much time for contact of the parent/guardian and that if a life threatening situation arises, immediate attention will be sought by the provider.

Signature:	Signature:
Date:	Date:

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Health History

Sep 2017 - Jun 2018

Child's Name	Date of Birth:
Child's Doctor:	Address: Phone:
Last Physical Exam:	Immunization Record on File: Yes No

A copy of your child's immunization records from their pediatrician is required for your child's enrollment file

Vaccination	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTaP					
IPV or OPPV					
Varicella					
MMR					
HEP B					
HIB					
HEP A					
PCV 13					
MCV7					
Tetanus Booster					
Other:					
Other:					
Other:					
Other:					

Child's Allergies:	Dietary Restrictions:
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*Emergency & Pick Up Authorizations
Sep 2017 - Jun 2018*

The following people listed below are allowed to pick up my/our child.

Child's Name:

If instructed by the parent/guardian

In case of an emergency, please contact one of the following if the parent/guardian cannot be reached.

Name: Address:	Home Phone: Work Phone: Cell Phone:
Name: Address:	Home Phone: Work Phone: Cell Phone:
Name: Address:	Home Phone: Work Phone: Cell Phone:
Name: Address:	Home Phone: Work Phone: Cell Phone:
Name: Address:	Home Phone: Work Phone: Cell Phone:
Name: Address:	Home Phone: Work Phone: Cell Phone:
Name: Address:	Home Phone: Work Phone: Cell Phone:
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Photographs & Water Releases Sep 2017 - Jun 2018

Parent 1:	Parent 2:
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Give permission for Little Feet Child Care, LLC and staff to photograph our child _____ for the following purposes:
(Check All That Apply)

- Still photographs (used in LFCC scrapbook and posted in classroom)
- Give photos to current clients (pictures of children together)
- Upload to dropshot or snapfish for families to print
- Little Feet Child Care, LLC website
- Little Feet Child Care, LLC facebook page

Parent 1:	Parent 2:
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Give permission for Little Feet Child Care, LLC and staff to photograph our child _____ for the following purposes:
(Check All That Apply)

- Touch tub water play
- Water table
- Sprinkler play

Child's Name:	Date of Birth:
Tuition Rate:	Contract Days:

Parent 1:	Parent 2:
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Are in agreement that I/We will pay the above tuition rate per month for child care for the above contract days to Little Feet Child Care, LLC. Payment is due on the first of the month. Payment is required in advance.

*I/We understand that if our payment is received past the agreed upon payment date, we will be charged as follows: a late payment fee of **\$25.00** for each day the payment is late. In addition, I/We understand and agree that an additional fee of **\$10.00 plus \$2.00** per minute will be charged if children are not picked up as agreed in this contract. Late payments and late pick up fees will result in termination of our child's enrollment.*

*If provider should receive a tuition check back, due to insufficient funds, there will be a **\$35.00** fee plus **\$10.00 per day** that the payment is late. Late payment and/or insufficient funds will result in termination of our child's enrollment.*

*Should I/We decide to discontinue child care services, I/We will give **30 days** notice. If notice is not given in writing, LFCC you will be billed 30 days of tuition.*

Signature:	Signature:
Date:	Date:

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Little Feet Child Care, LLC Closures Addendum 1 Sep 2017 - Jun 2018

We understand that the following days are paid closures for Little Feet Child Care, LLC and are responsible for finding our own back up child care if necessary.

Month	Date	Holiday/Vacation
September 2017	Fri, September 1 Mon, September 5	Summer Break Labor Day
October 2017	No Closures	No Closures
November 2017	Fri, November 3 Fri, November 10 Wed-Fri, November 22-24	Teacher Training Day Veteran's Day Thanksgiving Break
December 2017	Mon-Fri, December 18-22 Mon-Fri, December 25-29	Christmas Break Christmas Break
January 2018	Mon, January 1 Mon, January 15	New Year's Day MLK Day
February 2018	Mon, February 19	President's Day
March 2018	Mon-Fri, March 26-30	Spring Break
April 2018	Fri, April 27	Teacher Training Day
May 2018	Mon, May 28	Memorial Day
June 2018	Fri, June 16 Mon-Fri, Jun 19-30	LAST DAY LFCC Closed
July 2018	Entire Month	LFCC Closed
August 2018	Entire Month	LFCC Closed
September 2017	Fri, September 1 Mon, September 4	Summer Break Labor Day

Signature:	Signature:
Date:	Date:

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*Tuition Rates
Addendum 2
Sep 2017 - Jun 2018*

Infant - ages 6 weeks to 2 years

5 days per week	\$46.00 per day	\$230.00 per week	\$1000 per month
4 days per week	\$49.00 per day	\$196.00 per week	\$850.00 per month
3 days per week	\$54.00 per day	\$161.50 per week	\$700.00 per month
2 days per week	\$63.50 per day	\$127.00 per week	\$550.00 per month
1 day per week	\$92.25 per day	\$92.25 per week	\$400.00 per month

Toddlers - ages 2 to 3 years

5 days per week	\$44.00 per day	\$220.00 per week	\$950.00 per month
4 days per week	\$46.25 per day	\$185.00 per week	\$800.00 per month
3 days per week	\$50.00 per day	\$150.00 per week	\$650.00 per month
2 days per week	\$57.50 per day	\$115.00 per week	\$500.00 per month
1 day per week	\$81.00 per day	\$81.00 per week	\$350.00 per month

Preschool - ages 3 (potty trained) to 5 years

5 days per week	\$41.50 per day	\$208.00 per week	\$900.00 per month
4 days per week	\$43.25 per day	\$173.00 per week	\$750.00 per month
3 days per week	\$46.00 per day	\$139.00 per week	\$600.00 per month
2 days per week	\$51.50 per day	\$103.00 per week	\$450.00 per month
1 day per week	\$70.00 per day	\$70.00 per week	\$300.00 per month

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Date:	Date:

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Annual Enrollment Fee Addendum 3 Sep 2017 - Jun 2018

The **\$100.00** annual enrollment fee is due prior to your child's first day and September 1st every year after. The fee helps cover an emergency evacuation kit for your child, a diaper bag & zipper pouch, licensing and state registration fees and additional training for staff. There is NOT a discount for multiple children.

Signature:	Signature:
Date:	Date: