

The
Children's Garden
Learning Center



720 Rancho Del Norte
North Las Vegas, NV 89031
(702) 649-5425
www.childrensgardenlv.com

Welcome to The Children’s Garden Learning Center. We are a fully licensed preschool. Our program is designed to meet a variety of needs, including academic, emotional and social growth in a friendly, nurturing environment. It is our commitment to make the year a rewarding experience to both child and parents.

Our staff is highly qualified. In addition to being required to complete 15 hours of continuing education annually, a health and sheriff card is required, as well as a CPR certification.

Please complete the enclosed forms and return to our office along with the following documents:

- _____ Registration Information
- _____ Emergency Medical release
- _____ NRS 178 form
- _____ Immunization Record (recent)
- _____ Well Child Statement (physical w/doctor signature)
- _____ Permission to release information
- _____ Registration & Tuition Fee
- _____ Handbook Acknowledgement
- _____ Transportation form (School-age children only)
- _____ Field Trip permission slip

Immunization records will be copied and returned.

Where did you hear about our school?

- Newspaper
- Phonebook
- Website
- Street Sign
- Family/Friend
- Other _____

Date: _____

The Children's Garden
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*****Please print clearly*****

ID CODE

Name: _____ Date of Birth _____ Sex _____

Address: _____ City _____ State _____ Zip _____

Parent's Information:

Mother's Name _____ Home Phone _____ Cell _____

Address: _____ City _____ State _____ Zip _____

Employer _____ Position _____ Work Phone _____

Father's Name _____ Home Phone _____ Cell _____

Address: _____ City _____ State _____ Zip _____

Employer _____ Position _____ Work Phone _____

Emergency Contacts

___ Mother ___ Father ___ Other : _____ (Please mark in order of preference)

Authorized Pick-up and/or Emergency Contact must be filled in completely (**other than parents**)

1) Name: _____ Address _____ Home Phone _____ Cell _____ Relationship _____	2) Name: _____ Address _____ Home Phone _____ Cell _____ Relationship _____	3) Name: _____ Address _____ Home Phone _____ Cell _____ Relationship _____
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Physicians Name: _____ Office/Emergency Number _____

Hospital Preference _____ Phone _____

I give my permission for emergency transportation and/or treatment. ___Yes ___No

Please list any medical problems or disabilities:

Financial Agreement

REGISTRATION FEE: \$75 (1st child) \$25 (2nd child) \$25 (3rd child)

(This fee is non-refundable) Absences extending longer than 30 days will be considered as a withdrawal. Upon re-enrollment, a registration fee will be required. Special circumstances must be pre-approved by the director.

TUITION PAYMENT: Payment will be expected by 6:30pm on the Monday of the week attending.

LATE CHARGES: A late fee of \$25 will be charged to your account if payment is not received by the 6:30 of the Tuesday attending. \$25 will be added each week until balance is paid.

TUITION CREDIT:

Vacation-One enrolled week per year (attend 3 days per week, receives 3 days vacation) in earned after attending for 6 months.

Sick-One enrolled week per year (attends 3 days per week, receives 3 sick days) are earned.

CLOSING HOURS: 6:30pm is closing time. There will be a \$5.00 charge for the first 5 minutes and a \$5.00 per minute for each minute thereafter.

NOTIFICATION OF WITHDRAWAL: A two week written notice is required if you wish to withdraw your child. The director must approve special circumstances.

CHILD'S NAME _____ STARTING DATE _____

DAYS PER WEEK _____ 1/2 OR FULL TIME _____

WEEKLY SCHEDULE M T W TH F

EST. TIME OF ARRIVAL _____ EST TIME OF PICK UP _____

Weekly Tuition Rate \$ _____

ALL PAYMENTS ARE TO BE PAID IN ADVANCE

I HAVE RECEIVED A COPY OF THE PARENT HANDBOOK. I UNDERSTAND AND AGREE TO ALL POLICIES AS STATED.

PARENT OR GUARDIAN _____ DATE _____

CGLC REPRESENTATIVE _____ DATE _____





The Children's Garden Learning Center
2011-2012 Fee Schedule

Check/Money Order Discounted Rates

Infants (6 weeks-15 months)	Monthly	Weekly		Monthly	Weekly
5 Full Days	\$ 723	\$ 183	3 Full Days	\$ 659	\$ 172
5 Half Days	\$ 650	\$ 169	3 Half Days	\$ 599	\$ 153
4 Full Days	\$ 691	\$ 177	2 Full Days	\$ 626	\$ 161
4 Half Days	\$ 600	\$ 154	2 Half Days	\$ 550	\$ 142
Toddlers (15-24 Months)					
	Monthly	Weekly		Monthly	Weekly
5 Full Days	\$ 642	\$ 166	3 Full Days	\$ 562	\$ 144
5 Half Days	\$ 562	\$ 144	3 Half Days	\$ 466	\$ 120
4 Full Days	\$ 621	\$ 161	2 Full Days	\$ 428	\$ 110
4 Half Days	\$ 514	\$ 140	2 Half Days	\$ 412	\$ 105
Two's (24-36 Months)					
	Monthly	Weekly		Monthly	Weekly
5 Full Days	\$ 626	\$ 161	3 Full Days	\$ 530	\$ 135
5 Half Days	\$ 538	\$ 140	3 Half Days	\$ 434	\$ 114
4 Full Days	\$ 605	\$ 155	2 Full Days	\$ 412	\$ 105
4 Half Days	\$ 450	\$ 124	2 Half Days	\$ 380	\$ 100
Preschool & Pre-K (3-5 Years)					
	Monthly	Weekly		Monthly	Weekly
5 Full Days	\$ 605	\$ 155	3 Full Days	\$ 514	\$ 131
5 Half Days	\$ 525	\$ 135	3 Half Days	\$ 380	\$ 100
4 Full Days	\$ 562	\$ 144	2 Full Days	\$ 380	\$ 100
4 Half Days	\$ 475	\$ 120	2 Half Days	\$ 332	\$ 86

Monthly=4 weeks
½ days=9am-12pm Curriculum Only
Registration fees are annual

TUITION POLICY

-  Tuition is due by Monday of the week attending.
-  Check or money orders only, **no cash**.
-  Late charge fee \$25.00
-  Return check fee \$25.00

Refunds

Registration fees and weekly tuition fees are non-refundable. Monthly tuition fees paid may be eligible for a partial refund.

Withdrawal

A 2 week written notice is required to withdraw your child from school during the school year (August-June). Any child who is withdrawn with out 2 weeks written notice will incur a charge of the next 2 weeks tuition whether the child attends those weeks or not. Summer Camp for school age children is a week by week commitment only.

Returned Checks

After two (2) returned checks tuition will be on a money order only basis. No post dated checks accepted. A \$25 returned check fee will be applied.

Failure to Pay

Failure to pay weekly tuition can result in a student being suspended or terminated. The school has the right to refuse educational services if tuition is in arrears. In such case a re-registration fee may be imposed.

Waiver and Indemnity

Parents, shall be responsible for the actions and activities of the student, and shall remain liable for and hold Children's Garden Learning Center, Inc. harmless from any claims, damages, liabilities, causes of action or expenses of any kind or nature (including without limitation attorney's fee) incurred or suffered by Children's Garden Learning Center, Inc. as a result of any action of student enrollment. Parent, for him/her/themselves and on behalf of student, hereby released Children's Garden Learning Center, Inc., it's trustees, director, officers, employees or volunteers from any and all liability or obligation whatsoever which may arise out of any injury or sickness of any kind sustained by student while in attendance at the school or while engaged in any school activity or while being transported to or from Children's Garden Learning Center Inc., or to or from any activity, regardless of the cause or causes of any such sickness or illness.

EXPULSION, SUSPENSION OR DISMISSAL

Children's Garden Learning Center Inc. shall have the right to expel, suspend or dismiss a student for any activity deemed a danger or harmful to other students, teachers, staff or volunteer at school, or if action of student is deemed unreasonably disruptive to the educational process.

NRS 178

I am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled and the previous 12 months.

I have read and understand the above information.

(Print Name)

(Signature)

(Date)

TUITION AGREEMENT

FOR OFFICIAL USE ONLY	
Registration Fee	\$ _____
Tuition Rate	\$ _____
Discount	\$ _____
Total Weekly Rate	\$ _____

I have read and fully understand the Tuition Policy and accept financial responsibility for _____ and will abide by the terms as agreed upon.
(Child name)

DAYS: M T W TH F (CIRCLE)

TIME: [___ Half Day (9:00am-12:00pm)] or [_____ Full Day (6:30am – 6:30pm (up to 10 hours))] (CHECK)

Approx. Drop off time: _____ Approx. Pick up time: _____

EXTENDED CARE – ELEMENTARY ONLY: DAYS – M T W TH F AM/PM

Parent(s)/Guardian(s)

_____ _____ _____
(Print Name) (Signature) (Date)

_____ _____ _____
(Print Name) (Signature) (Date)

Approved by: _____ _____ _____
(Signature) (Title) (Date)

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PRE-ADMISSION PHYSICAL EXAM

Child's Name: _____ Date of Birth: _____

Doctor Name or Health Agency: _____

Doctor Address: _____ Phone Number: _____

Date of Exam: _____

Are there any reasons why this child can't be immunized?

Does this child have any special problems or conditions which a Child Care Program would be unable to deal with?

Exam Results:

Status of Child's Health: _____ Satisfactory _____ Other

Allergies: _____

List any known conditions under treatment:

Signature of Physician or Health Agency Representative



Child's Medical History Form

Child's Name _____

Has your child been under regular supervision of a physician? _____

If yes, give reason _____

Does your child have any known allergies? _____

List the approximate age your child had the following illnesses:

Chicken Pox _____ Asthma _____ Mumps _____ Epilepsy _____
Eczema _____ Mono _____ Other _____

Does your child take prescription or non-prescription medication regularly? Yes No

If yes, please list medication, frequency, and condition requiring it:

Has your child been hospitalized in the past year? Yes No

If yes, please give dates and reasons:

*****Please see director if answering yes to the following questions*****

Does your child have a learning disability or limitation? Yes No

If yes, please explain

Has your child ever been treated for any nervous, mental, or emotional disorders? Yes No

If yes, Please explain:

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EMERGENCY TRANSPORTATION APPROVAL

This is to certify that The Children's Garden Learning Center, Inc. is given full authorization to seek emergency transportation for _____ to a medical

(Child name)

treatment facility as result of illness or injury. If such a situation arises The Children's Garden Learning Center will not be held liable of any costs incurred.

(Print name)

(Address)

(Phone #)

(Signature)

(Date)

Permission to Release Information

Date: _____

I understand that during the time my child, _____, is in care at Children's Garden Learning Center, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only. I understand that proper identification will be required. These persons may include school, health care, welfare, or other government officials.

Signature of parent/guardian: _____

I DO NOT give permission to release information about my child as set forth in the aforementioned statement.

I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

Signature of parent/guardian: _____

PARENT TEACHER ORGANIZATION
(PTO)

Parent participation is encouraged in the development of your child. As a member of the PTO your name and telephone number will be added to our list. The following are activities sponsored by the PTO.

-  Refreshments at school programs and graduation
-  Teacher & Staff appreciation dinner
-  Spring and Fall Festival
-  Fundraisers

The PTO meets once a month. A Meeting date will be posted and A notification sent home.

- I am interested in becoming a PTO member.

- I am unable to participate as a PTO member.

(Name)

(Telephone)

***Participation in every event is NOT mandatory

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Photographs

Photographs are often taken of the children participating in class activity or programs. These photos are used in our school newsletter, school website or displayed on bulletin boards around campus.

Authorization is needed to "show off" your child.

PHOTO AUTHORIZATION

I hereby give permission for my child _____ to be
(child name)

photographed participating in class activities or programs. Photos may be used in the school newsletter, school website, displayed on bulletin boards throughout campus or shown to staff members or other parents.

(signature)

(date)



Biting Policy

Biting is a natural action of every young child. It is not pleasant for anyone involved. Toddlers do not have verbal skills to express themselves, so sometimes they use their hands, feet and teeth to communicate.

It is the goal of Children's Garden Learning Center to provide the safest possible environment for your child. Our goal is to maintain a low teacher/student ratio and an age appropriate environment. Toddlers do bite and it is possible that your child could get bitten or could be the biter. The following steps are taken when biting occurs:

- An ice pack may be applied to the bitten area. A lot of love will be given to both children involved.
- If skin is broken, the cut will be cleaned with soap and water, and the parent will be contacted. In some instances, doctors may need to see the child.
- The situation will be carefully evaluated and documented on an accident form. A copy of this form will be given to the parents of the child who was bitten. An incident report will be completed and a copy given to the parents of the biter.
- The staff will stay close to the biter, because of the tendency of the child to bite again. An emphasis will be placed on redirecting the biter's actions so this behavior does not become a pattern.
- If the child bites again, the child will be placed in a playpen or highchair during diaper changing time, feeding time, or when staff is not able to give full attention to the child.

If biting continues, the parents of the biter will be called immediately. We will try to find a solution or the child will be asked to leave The Children's Garden Learning Center for the safety of the whole group. It is our goal to do everything we can to resolve the situation as soon as possible.

Parent Signature: _____ **Date:** _____

Shopping List

Required

- 2 Crib Sheets (1 donated, 1 with child's name on it)(Not required for school age children)
- 1'-2' 3 ring binder for portfolio
- 1 pack sheet protectors for portfolio
- 4+ family and self pictures
- 2 changes of clothing

NOT Required/Optional

- Tissue (any kind)
- Color printer paper
- Packing tape
- Contact paper
- Scissors
- New and/or used crayons
- Glue Sticks
- Construction paper
- Ziploc bags all sizes