



PLANTING GOD'S LOVE ONE LITTLE HEART AT A TIME.

Enrollment Packet

2020-2021

Child's Name _____

DOB _____

Director: Kim Leitner
800 Valley View Dr.
Woodland Park CO.80863
719-687-3027
wpcccl@gmail.com
(updated 6/23/2020)

Woodland Park Community Church Learning Center

Child's Full Name _____ Date of Enrollment _____

Gender _____ Birthday _____ Years _____ Months _____

Home Address _____

Home Phone Number _____ Best Cell Number _____

Father's Name _____ Cell Number _____

Home Address _____

Mailing Address (if different) _____

Place of Employment _____ Work Number _____

Employment Address _____

Mother's Name _____ Cell Number _____

Home Address _____

Mailing Address (if different) _____

Place of Employment _____ Work Number _____

Employment Address _____

Best Contact Email _____

I am enrolling my child for the following FULL DAY PROGRAM:
8:00 am – 3:00 pm

4 day program Monday - Thursday _____
3 day program Tuesday, Wednesday and Thursday _____
2 day program Tuesday and Thursday _____

I am enrolling my child for the following HALF DAY PROGRAM:
8:00 am – 11:30 am

4 day program Monday - Thursday _____
3 day program Tuesday, Wednesday and Thursday _____
2 day program Tuesday and Thursday _____

Do you attend WPC _____ Other _____ None at this time _____

How did you hear about our program? _____

Parent/ Guardian Signature: _____ **Date** _____

Woodland Park Community Church Learning Center

Child's Siblings: Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Authorization Form

Those other than parents authorized to pick up your child and/or to be called in case of an emergency:

Name _____	Relationship _____
Address _____	Home Phone _____
Cell Phone _____	Work Phone _____

Name _____	Relationship _____
Address _____	Home Phone _____
Cell Phone _____	Work Phone _____

Name _____	Relationship _____
Address _____	Home Phone _____
Cell Phone _____	Work Phone _____

Name _____	Relationship _____
Address _____	Home Phone _____
Cell Phone _____	Work Phone _____

Parent/ Guardian Signature: _____ **Date** _____

Under no circumstance will a child be released to anyone not know by the classroom teacher or director without proper authorization from a parent or guardian.

Woodland Park Community Church Learning Center

Medical Information

Child's Physician _____ Phone Number _____

Address _____

Known Allergies _____

Does your child need an Epi pen? _____

Emergency Hospital Preference _____

Hospital Address _____

Hospital Phone Number _____

Child's Dentist _____ Date of Last Dental Screening _____

Dentist Address _____

Dentist Phone Number _____

Has your child had his or her vision screened? ____ If yes, Date of last screening. _____

Has your child had his or her hearing screened? ____ If yes, date of last screening. _____

Does your child have medical insurance? _____

I will notify The Learning Center in writing of any changes. I also understand that The Learning Center requires physicals (exam within the last 12 months and updated yearly) and immunization records for each child at the time of enrollment and that they must be updated yearly.

The Learning Center has information available for Health Insurance, Primary Care Doctors, and Dentists.

Parent/ Guardian Signature: _____ Date _____

Woodland Park Community Church Learning Center

Parent Authorization Form

I hereby grant permission for steps to be taken that are necessary to obtain Emergency medical care for my child.

These steps may include, but are not limited to:

1. Attempt to contact parent or guardian.
 2. Attempt to contact child's physician.
 3. Attempt to contact parent through persons listed on the emergency information form completed by the parent. (page3)
 4. If we cannot contact you or the child's physician, we will do any or all of the following:
 - Call another physician or the paramedics.
 - Call an ambulance.
 - Have the child taken to the emergency room at the nearest hospital by the WPCCLC Director or other staff member.
- Any expense incurred under number four will be borne by the child's family.
- WPCCLC Learning Center and The Woodland Park Community Church will not be responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment.
- The WPCCLC Learning Center will not assume responsibility for a child who has not been signed in by an adult upon arrival at school.

I hereby agree to comply by the rules and allow for the release of medical information provided should an emergency arise.

Child's Full Name _____

Child's Birth date _____

Parent/ Guardian Signature: _____

Date _____

Woodland Park Community Church Learning Center

Permission to Apply Sunscreen

I give permission to the WPCC Learning Center teachers or staff to re-apply sunscreen to my child if my child needs to have another application later in the day.

I understand that sunscreen will need to be applied **prior** to my child being brought to the WPCC Learning Center.

Parent/ Guardian Signature: _____ Date _____

Permission to Watch Videos

I give permission to the WPCC Learning Center teachers or staff to allow my child to watch videos approved by the Learning Center director.

Parent/ Guardian Signature: _____ Date _____

Permission to be Photographed

I give permission to the WPCC Learning Center teachers or staff to photograph my child.

Parent/ Guardian Signature: _____ Date _____

Permission to Sleep on a 2 inch Mat

I give permission to allow my child to sleep on a 2 inch state approved mat.

Parent/ Guardian Signature: _____ Date _____

Permission to take Field Trips

We will take field trips thought-out the year to places around Woodland Park. I understand that I will need to give written permission prior to my child taking any field trip.

Parent/ Guardian Signature: _____ Date _____

Permission to do ASQ Screenings

I give permission to the WPCC Learning Center teachers or staff to do age appropriate screening using the **ASQ Questionnaires** for my child with the understanding that the results will only be shared between myself, classroom teachers and the Learning Center Director.

Parent/ Guardian Signature: _____ Date _____

Woodland Park Community Church Learning Center

Agreement Form for Tuition Fees

Annual Registration Fee: \$50.00 (**Nonrefundable**) registration fee

Nap Mat Fee: for full day students \$35.00 – State required 2 inch nap mat
(One time only fee)

Tuition Fees: Toddlers (children 12months- 30 months old)

➤ Tuition- FULL Day 8:00 am to 3:00 pm

4 day program is Monday – Thursday	\$600.00 per month
3 day program is Tuesday, Wednesday and Thursday	\$475.00 per month
2 day program is Tuesday and Thursday	\$325.00 per month

➤ Tuition- Mornings Only 8:00 am to 11:30 am

4 day program is Monday – Thursday	\$500.00 per month
3 day program is Tuesday, Wednesday and Thursday	\$375.00 per month
2 day program is Tuesday and Thursday	\$225.00 per month

Preschool (2 ½ - 6 years old)

➤ Tuition- FULL Day 8:00 am to 3:00 pm

4 day program is Monday – Thursday	\$500.00 per month
3 day program is Tuesday, Wednesday and Thursday	\$425.00 per month
2 day program is Tuesday and Thursday	\$300.00 per month

➤ Tuition- Mornings Only 8:00 am to 11:30 am

4 day program is Monday – Thursday	\$400.00 per month
3 day program is Tuesday, Wednesday and Thursday	\$325.00 per month
2 day program is Tuesday and Thursday	\$200.00 per month

I understand that The Learning Center is an Early Learning/Preschool program that follows the Woodland Park School district calendar. This includes all vacation days, late start and snow days. (See attached calendar)

Parent/ Guardian Signature: _____ **Date**_____

WPCC Learning Center Tuition Policy

Drop in Fees:

When enrollment allows we will accept drop in students. This is for students who are already currently enrolled. Drop in days must be approved by the Director in advance. Drop in charge is \$50.00 per day

Tuition and Payments:

Tuition is based on the estimated operating expenses for the entire year and is divided into equal monthly payment. Prompt tuition payments will be expected as long as your child is enrolled in a class, regardless of how many days he/she actually attends school that month. You have the option of paying your tuition monthly, bi-monthly or weekly.

When you enroll your child you are contracting for a spot on that day/s. We are unable to provide a trade or make-up day for any days your child misses. This includes scheduled school holidays, vacation periods or snow days. We have given you two days credit on tuition for possible snow closures.

Tuition can be paid monthly, bi-weekly or weekly but must be paid in full by the end of each month. A late fee of \$20.00 will be assessed whenever tuition is not paid in full by the 30th of each month. Please notify the Director if you are experiencing financial difficulty. Payment schedule and/or tuition assistance may be considered on a case-by-case basis.

Tuition can be paid by check, credit card or cash. Credit cards can be set up to charge tuition automatically each month. **A \$25.00 processing fee will be charged for any returned checks and tuition will be considered late.**

I have read and understand the above policies.

Parent signature _____ Date _____

WPCC Learning Center Tuition Policy

Enrollment Withdrawal:

The Director must be notified two weeks in advance if you decide to withdraw your child/ren for any reason. This notification, along with two weeks' tuition payment, is necessary upon disenrollment of a child.

Tuition Credit for Illness:

Special arrangements may be made **once** during the school year for credit on tuition payment if a child misses two or more weeks of school in a row **due to an illness**. The Director must be notified of this absence in order to approve a tuition reduction.

Late pick up:

Our teachers need time after the child/ren are picked up to clean their rooms and to prepare for the next school day. Please pick up your children promptly. You are welcome to talk to fellow parents in the Commons after picking up your children. **Any child still in the class room after 11:30 for half day or 3:00 for full day is considered a late pick up.**

I understand that things happen so please call the office if something unexpectedly comes up.

Parents who habitually (more than once per month) arrive late will be charged a late fee of \$1.00 per minute that the teacher and child are kept waiting.

Covid-19:

Due to the nationwide Covid-19 pandemic of 2020, Woodland Park Community Church Learning Center follows direction from Colorado Department of Public Health and Environment (CDPHE), Healthy Child Care Colorado and Teller County Public Health (TCPH) regarding policies and procedures for keeping our students healthy and safe. These regulations **may** require parents to provide masks for their student(s), individual snacks, drop-off/pick-up at the door, health/temperature screenings, etc. These regulations will be communicated by the Director and must be followed to allow your student's attendance to WPCCLC. School closure due to Covid-19 will follow CDPHE and TCPH.

I have read and understand the above policies and I have received a copy of the parent packet.

Parent signature _____ Date _____

Information Page

***** Please note *****

This page is for your child's teachers.

Child's Name _____ Nickname _____

Known Allergies _____ Does your child need an Epi pen? _____

Parent's Names _____

Phone Number _____ Cell Phone Number _____

Best Contact E-mail address _____

Mailing Address _____

Parent signature _____ Date _____

Tell us about your Child

Your child is wonderful and unique- a very special gift from God. We would like to know more about him or her other than routine registration facts. Does your family have pets? Does your child have certain fears or concerns that their teacher might be able to help with? Does your child have a favorite activity or talent we could encourage? Please tell us about your child!

Woodland Park Community Church Learning Center

Child's Statement of Health Status for Enrollment in a Preschool Program

The preschool program must obtain for every child who enrolls in a preschool program a signed and dated statement for the child's current health status which indicates the child's abilities and /or limitations to participate in a regularly scheduled preschool program. **This report is to be filled out by a licensed physician (MD/DO) or other health care professional (NP/PA) who has seen the child in the last twelve months.**

Name of Preschool: Woodland Park Community Learning Center **Type of Facility:** Preschool

Child's Name: _____ **Gender** _____ **Birth Date** _____
Address: _____

Past Illnesses- Check those that the child has had and give approximate dates:

Chicken Pox _____	Roseola _____	Rubella _____
Rheumatic Fever _____	Asthma _____	Hay Fever _____
Diabetes _____	Mumps _____	Epilepsy _____
Whooping Cough _____	Poliomyelitis _____	Other _____

Comments: _____

Surgery/Accidents/Illness/ Chronic health problems:

Describe any condition requiring special attention:

Medication/s prescribed: _____

Allergies: _____ **Prescribed routine:** _____

Vision: _____ **Hearing:** _____

Please record immunizations and dates administered on the Colorado Department of Health School Certificate of Immunization and attach a copy to this form.

Date of my most recent examination of this child: _____

Signature of a licensed physician (MD/DO) or other health care professional (NP/PA) _____ **Date** _____

Please Print:

Name of a licensed physician or other health care professional: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email Address:** _____