

Center/Camp Location: () Lakewood () Westminster Entry Date _____

Child's Name _____ Nickname _____

Home Address _____ City/zip _____

Mailing address (if different) _____ City/zip _____

Age _____ Date of Birth _____ Male Female Home Phone _____

Primary Parent/Caregiver _____ Secondary Parent/Caregiver _____

Social Security# _____ Social Security # _____

Address _____ Address _____
If different from above if different from above

E-mail _____ E-mail _____

Primary's Emp. _____ Secondary's Emp _____

Emp. Address _____ Emp. Address _____

Work # _____ Work# _____

Home or Cell # _____ Home or Cell# _____

Person you prefer we contact first. _____ Best way to reach - cell phone home # work#

Authorized to pick up your child: Primary Parent/Caregiver: yes no Secondary Parent/Caregiver: yes no

Person(s) other than parents who are authorized to pick up your child and who can be contacted in case of illness or emergency. List in the order you wish to be contacted.

1. Name _____ Address _____
Wk# _____ Hm# _____ cell# _____

2. Name _____ Address _____
Wk# _____ Hm# _____ cell# _____

3. Name _____ Address _____
Wk# _____ Hm# _____ cell# _____

Physician _____ Address _____ Ph# _____

Hospital of Choice (Name and Phone #) _____

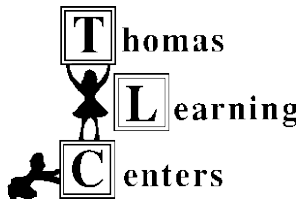
Ins. Carrier and ID# _____

Dentist _____ Address _____ Ph# _____

Approximate time your child will _____ arrive _____ depart _____

How did you learn about our center? _____

If parents are divorced or separated, who has legal custody? _____ Custody papers or restraining orders must be on file at the center if one parent is denied pick up or visitation rights



PARENT HANDBOOK/GUIDELINES

I have received a copy of, have read, and understand the Parent Handbook/Guidelines for the Thomas and/or New Learning Center. I agree to comply with the Guidelines as they are set forth.

Parent or Guardian Signature

Date

TUITION AND SCHEDULE AGREEMENT

Child's Name

Birthdate

My child's contracted days of attendance will be:

- Monday Tuesday Wednesday Thursday Friday

You are billed for space reserved, not for time at the center.

There is no tuition deduction for sick days, snow days, or scheduled holiday closures.

I understand my weekly tuition is \$

I understand there is no tuition deduction for sickness, snow, or holiday closures.

I understand Tuition payment is due weekly on the first day of attendance or by the 5th of the month if paying monthly. ALWAYS IN ADVANCE of care. If tuition remains unpaid at the end of the business day on Wednesday, there will be a \$25.00 late fee and my child will not be accepted for care until payment is received

Accounts delinquent for 30 days will be sent to collections. I am responsible for all costs of collections and attorney fees.

I must provide 2 weeks written notice upon termination from the center or I will be responsible and charged for the 1st two weeks my child does not attend, subject to all the above policies.

Denver Preschool Program (DPP):

DPP makes high quality preschool possible for all Denver 4-year-olds regardless of income or neighborhood. To ensure preschool programs are high quality, DPP invests more than \$2 million annually in nearly 250 individual preschools across the city, providing them the support they need to deliver high quality education.

To qualify for the DPP Tuition Credits you must live in the City and County of Denver and your child must turn 4 on or before October 1 of the school year and be in their last year of preschool before kindergarten at a participating DPP program.

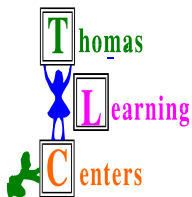
Thomas Learning Center (Lakewood) is a participating DPP program! If you are interested in applying for a tuition credit, get an application from your school Director and bring in: Verification of child's age, Verification of Current Address and Verification of one month's Income.

I choose to make one monthly payment due no later than the 5th of every month.

I choose to make weekly payments due on the 1st day of the week.

Parent Signature

Date



Recurring Payment Authorization Form

Lakewood
(303)237-0917
946 Benton St.
Lakewood, CO 80214

Westminster
(303)427-8831
4000 Shaw Blvd.
Westminster, CO 80030

Schedule your payments to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just Complete and sign the form to get started!

Here's How Recurring Payments Work:

You authorize regular schedule charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you in the preference you choose. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to payment being collected.

Please complete the information below:

I, _____, authorize Thomas or New Thomas Learning Centers to Charge my credit card indicated below, for the amount of \$_____

- on the _____ day of each **MONTH**, for payment of my Child Care tuition.
- every Monday* of each **WEEK**, for payment of my Child Care tuition.

Receipt Preference:

- Pick up from School (Office door)
- Email to: _____
- No receipt is needed

Billing Address: _____ Phone: _____
City, State, Zip: _____ Email: _____

Credit Card

- DEBIT (NO FEES)**
- Visa
- Master Card
- Amex
- Discover

Credit Card Fee Notice:

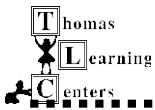
A convenience fee of 3% will be applied when using Credit Cards for payments on your account. You are welcome to avoid fees by using either cash, check or "Debit" card

Card Holder Name: _____

Account Number: _____

Exp. Date: _____ CVV (3 or 4-digit number on back of card) _____

Signature: _____ Date: _____



CONSENT FORM

_____ **Child's Name**

EMERGENCY PROCEDURE

In the event my child becomes ill or sustains an injury while in the care of Thomas or New Thomas Learning Center, I _____ give my permission to those in charge to take appropriate first aid measures. If it is not possible to contact the doctor named on the registration form, I give my permission to any licensed doctor (or dentist) to care for my child, _____ on an emergency basis. It is understood that a conscientious effort will be made to locate us and that this expense will be accepted by me.

Our insurance carrier is: _____ address: _____
Group Policy # _____ Phone # _____

Parent/Guardian Signature _____ date _____

SLEEPING COTS

I understand and give permission for my child to sleep on a cot provided by the childcare facility. Infants will sleep in a crib meeting all safety standards. I also agree to provide a sheet and blanket, which I will keep clean at all times, for naptime. School age children will have "down-time" but do not take naps unless requested.

Parent/Guardian Signature _____ date _____

MEDIA PARTICIPATION

My child may participate in video viewing that is limited to "G" rated or educational features in conjunction with our curriculum, themes, and special activities. My permission will be requested for any other viewing.

Parent/Guardian Signature _____ date _____

TRANSPORTATION

Bus drivers are at least 23 years of age with 7 years of good driving records and CPR/First Aid certification. They undergo training to drive the bus and are subject to random drug and alcohol testing. We include van emergency cards for each child in the transporting vehicle. Parents are only a phone call away as cell phones are kept on the bus. All children will be in seatbelts and quietly seated when the vehicle is in motion. Children under 4 years and/or 40 lbs. must have an approved car seat. Children 4-6 years under 47" tall must have an approved booster seat from home.

Children are transported only with prior written permission from parents or under emergency/disaster situations. Emergency information is on Van Emergency cards kept on the van.

Parent/Guardian Signature _____ date _____

FIELD TRIP PERMISSION

My child may participate in field trips, walking or riding, for which I have been given prior notice and signed up for.

Parent/Guardian Signature _____ date _____

SUNSCREEN

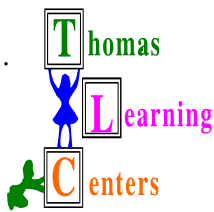
I give permission for the staff to apply sunscreen to my child. Sunscreen will only be applied to children 6 months old and older. I understand I must pay a \$5/child sunscreen fee monthly **or** I must provide sunscreen for my child. Should my child run out of sunscreen, the center will provide PABA free SPF 30 sunscreen to be applied to my child. I understand that there will be a \$1.00/day charge for using the center's sunscreen. My special instructions are: _____

Parent/Guardian Signature _____ date _____

DIAPER/WIPES ACKNOWLEDGEMENT:

_____ I will provide wipes and diapers for my child per the parent handbook

Parent/Guardian Signature _____ date _____



Lakewood Learning Center
 946 Benton Street
 Lakewood, CO 80214
 303-237-0917

Westminster Learning Center
 4000 Shaw Blvd.
 Westminster, CO 80030
 303-427-8831

Sunscreen Permission Slip

Child's Name: _____

I give permission for my child's teacher or other school staff member to assist my child with his/her application of sunscreen to exposed skin, including but not limited to the face, tops of ears, neck, shoulders, arms, legs and feet.



- I choose to pay a monthly "sunscreen fee" of **\$5.00/child** and have the center supply sunscreen for my child. I understand that **Rocky Mountain Sunscreen SPF 30** will be supplied by the center.
- I will provide sunscreen for my child and understand that it is my responsibility to provide sunscreen with a SPF of 15 or higher. However, in the event that my child does not have sunscreen with them, the school may apply **Rocky Mountain Sunscreen SPF 30**. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it.

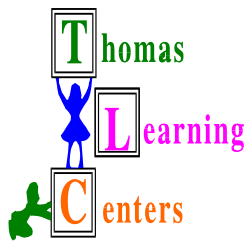
I understand that the application of sunscreen will take place 20-30 minutes before going outside. Sunscreen will not be applied to any broken or irritated skin. I will be notified if my child develops a skin reaction.

- I give permission for the staff to provide and apply **Rocky Mountain Sunscreen SPF 30**.
- My child may use the sunscreen provided by the school in the event that his/her own sunscreen is not available.
- My child may NOT use any sunscreen other than the one that he/she brings to school.
 (Sunscreen Name: _____ SPF: _____)
**Sunscreen bottle must be labeled with child's first and last name in permanent ink.*
- NO. FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHHILD UNDER ANY CIRCUMSTANCES.



Parent's or Guardian Full Name (Please Print): _____

Parent's or Guardian's Signature: _____ Date: _____



Family Transportation Agreement

Dear Parent or Guardian,

The safety of your child is important to us. When your child rides in our car or van, we follow these laws and safety tips.

Colorado Laws:

- Infants must ride in rear-facing car seats. They must ride this way until they are at least 1 year old AND weigh at least 20 pounds.
- Children ages 1 to 4 years, who weigh 20 to 40 pounds, must ride correctly in a forward-facing car seat.
- Children over 40 pounds, who are less than 6 years old, must ride in a booster seat with a lap and shoulder belt. Children over 40 pounds, who are taller than 55 inches may use the seat belt.
- Children between 6 and 16 years old must use a seat belt.

Safety tips that will help make your child even safer:

- Children should ride in a booster seat until they are taller than 57 inches. This usually means after a child is 8 years old.
- All children ages 12 and younger should ride in the back seat.
- Everyone in the car should always buckle up.
- Children and adults should never put the shoulder belt behind the back or under the arm.

Here's what you can do:

When you drop-off and pick-up your child at our center, we want you to follow all the laws and the safety tips listed above. If you have any questions about how children can ride safely in the car, please talk to us.

I have read and understand the laws and tips listed above. I agree to follow these laws and tips when I drop-off and pick-up my child at this center. I will obey the Colorado seat belt law and set an example for children by always wearing my seat belt.

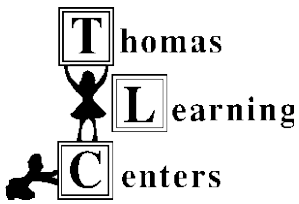
Parent/Guardian Name Printed

Child's Name(s)

Parent/Guardian Signature

Date

If you have questions, please ask the Center Director.
You may also call 1-877-LUV-TOTS or visit
www.carseatscolorado.com



VEHICLE EMERGENCY INFORMATION

Child's Name: _____ DOB: _____

Known Allergies: _____

Primary Parent/Caretaker Name: _____ Phone: _____

Secondary Parent or Guardian's Name: _____ Phone: _____

OTHER EMERGENCY APPROVED CONTACTS: (CONSENT FORM):

1. _____
Relationship Name Phone
2. _____
Relationship Name Phone
3. _____
Relationship Name Phone

Primary care physician: _____ **Phone:** _____

Office Address: _____

Hospital of choice: _____ **Phone:** _____

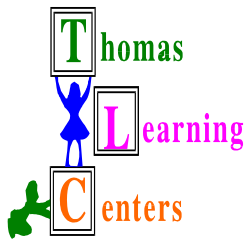
Location/Address: _____

Dentist: _____ **Phone:** _____

Insurance Carrier and MMB ID # _____

- I hereby give my permission for my child to ride in the vehicle provided by Thomas and/or New Thomas Learning Centers.
- I give my permission to those in charge to take appropriate first aid measures and permission to any licensed doctor/medical personal to care for my child in an emergency basis in the event I cannot be reached.
- I give permission for my school age child to be transported to and from the center in the vehicle provided by Thomas and/or New Thomas Learning Centers.

Parent or Guardian's Signature: _____ Date: _____



PHOTOGRAPHY RELEASE

Permission to use child's image, name and school

I, _____, am the parent or guardian of
(Print Parent/Guardian's Full Name)

(Print Name of Minor Child)

YES **PHOTO /IMAGE:** I hereby grant and assign Thomas and/or New Thomas Learning Centers, its units, and legal representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, **all photographic, video, and digital images of my child.**

NO

YES **PHOTO /IMAGE:** and **SCHOOL** I hereby grant and assign the Thomas and/or New Thomas Learning Centers, its units, and legal representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, **all photographic, video, and digital images of my child and my child's school's name.**

NO

YES **PHOTO /IMAGE, SCHOOL and FIRST NAME** I hereby grant and assign Thomas and/or New Thomas Learning Centers, its units, and legal representatives, the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, **all photographic, video, and digital images of my child, my child's school's name, and my child's name.**

NO

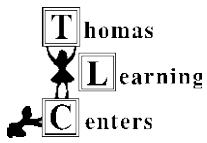
By signing this, I hereby release Thomas and/or New Thomas Learning Centers, its units, and its legal representatives from all claims and liability relating to said photographs, video and digital images.

Date: _____

Parent/Guardian Signature _____

Address: _____

Phone number: _____



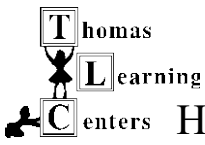
THOMAS AND NEW THOMAS LEARNING CENTERS BACKGROUND DATA (CHILDREN 1-12 YEARS)

Child's Name: _____

Date of Birth: _____

Chronic medical issues:	
Medicine taken routinely:	
Allergies: Foods: Medicines: Animals:	
What language is spoken at home?	
Brothers or sisters at home? (List names and ages)	
Pets at home? (list names and types)	
Is the entire family together any time during the day?	
Length of nap:	
Attitude toward going to bed:	
Does your child wet the bed?	() Nap time () At night
Is your child toilet trained?	
Can your child manage clothing at the toilet without assistance?	
What words does your child use for urinating and BMs?	
What type of discipline is used at home?	
Does your child normally have a good appetite?	
If your child refuses to eat, how is this handled?	
Favorite foods:	
Disliked foods:	
Outstanding fears:	
Does your child have other children to play with at home?	
Does your child get along well with other children?	
What types of activities does your child like best?	
Does your child have previous experience in a child-care center?	
What was his/her response?	
Do you have any objections to your child leaving the school for field trips if you are notified in advance?	() Yes () No Signed:

Please keep us advised of changes in the home.



THOMAS AND NEW THOMAS LEARNING CENTERS

HEALTH DATA AND MEDICAL INSURANCE FORM/QUESTIONNAIRE

Child's Name: _____

Date of Birth: _____

Chronic medical issues:	
Medicine taken routinely:	
Allergies: Foods: Medicines: Animals:	
When was your child's last dental screening?	
When was your child's last vision screening?	
When was your child's last hearing screening?	
Date of last Medical exam (Physical/Well check)	

Does your child have health insurance?

- Yes No I don't know

If you checked "No," your child may be eligible for free or low/cost health insurance through Medicaid or Chip

- Please check this box if you would like more information or assistance in obtaining health insurance for your child(ren).

Parent/Guardian Name: _____ Phone: _____

AVAILABLE RESOURCES:

- <http://www.cohealthinfo.com/>
- <http://www.connectforhealthco.com/> or 1-855-PLANS-4-YOU
- <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

Medical

- Carin Clinic 303-423-8836
- Kids First Pediatrics 303-239-8327
- Pediatrics West 720-284-3700

Hearing Screening:

- Hearing Healthcare Associates, LLC 720-464-5915
- Colorado Digital Academy 303-255-4650
- Lakewood Hearing and Speech Center 303-988-7299

Child Find for Children Birth to Age 5

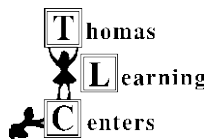
- Jefferson County R-1: 303-982-7247
- Denver County: 720-423-1410
- Adams County (Adams 12): 720-972-6145

Vision Screening:

- American Optometric Association www.aoa.org
- American Academy of Ophthalmology www.aao.org
- American Academic of Pediatrics www.aap.org
- Colorado Lions Kidsight Program 720-325-7078
- Colorado Digital Academy 303-255-4650

Dental Screening:

- Cavity-Free at Three 303-232-6301
- Kids in Need of Dentistry 303-957-3284
- Children's Hospital 720-777-1234
- Pediatric Dental Group @ Kids First 303-232-2155



Thomas Learning Centers Family Cultural, Ethnic, and Family Specific Information

Name: _____

In order to better serve our diverse population, we would appreciate you taking a few minutes to fill out the following information:

Child is

- | | |
|--|---|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black, not Hispanic | <input type="checkbox"/> Alaskan Native/Native American |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Multi-racial | <input type="checkbox"/> _____ |

Who are the people in your household? Please give us birthdates of everyone too. 😊

What are some of your family priorities, interests, and home routines?

What holidays and celebrations are most important in your home?

Are there any special traditions observed in your home? If so, how would you feel about sharing them with your child's classroom or other families in our Thomas Learning Centers community?

How do you feel about your child learning about or participating in holiday activities that are not part of your family's tradition? Are there any holidays you would object to?

What would you like your child to gain from celebrating holidays and other events in our program?

How would you like to participate in your child's classroom?