

TED & TED'S TINY TOTS Early Learning Center

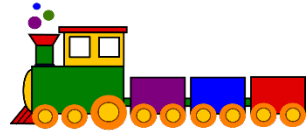
Student

**Enrollment Package**



# **TED & TED'S TINY TOT'S Early Learning Center**

## **Enrollment Package**



**Thank you for selecting Ted & Ted's Tiny Tot's for your family's early childhood education and care needs.**

It is our mission to partner with parents, to provide exceptional childcare, which cultivates essential childhood learning and developmental experiences.

We meet our mission through:

- A safe, secure, and vibrant facility
- Consistently trained and certified teaching staff including Pediatric CPR/First Aid
- Open parent/teacher communication
- Teaching Christian values without specific church doctrine
- A play based creative curriculum that incorporates all areas of child development (cognitive/intellectual, language/literacy, social, emotional, and physical)
- Strategies to increase reasoning or problem-solving skills, and the inclusion of cultural awareness

To secure enrollment at Ted & Ted's Tiny Tot's, parents must first schedule a tour of the facility and upon deciding to enroll, pay registration and the first week of tuition.

Registration Fee \$100.00

Annual Supply Fee \$ 25.00 Due annually on May 1.

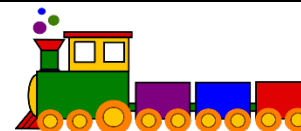
Your child's first day will be determined after your family has been accepted for enrollment and all required paperwork, tuition and fees have been submitted. Please complete your entire application using n/a where appropriate.

Check list

- \_\_\_\_\_ Tour & Parent Enrollment Inquiry Completed
- \_\_\_\_\_ Application Submitted
- \_\_\_\_\_ Acceptance Letter & Parent/Staff Handbook Received
- \_\_\_\_\_ School Health Form Completed
- \_\_\_\_\_ Copy of Birth Certificate or Custodial Document Attached
- \_\_\_\_\_ Registration & First Week Tuition Paid & Parent/Staff Handbook received
- \_\_\_\_\_ All of the student's supplies have been labelled
- \_\_\_\_\_ Start Date set for \_\_\_\_\_

\*Completion and submission of an enrollment application does not guarantee admission to or constitute acceptance to Ted & Ted's Tiny Tot's Early Learning Center.

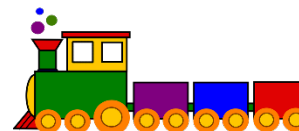
**TED & TED'S TINY TOT'S** Early Learning Center  
CHILD CARE ENROLLMENT APPLICATION



Child Information		
Child's Full Name:		Nickname:
Date of birth:	Sex:	Home Phone:
Current Address:		
City:	State:	ZIP Code:
PERTINENT DEVELOPMENTAL/PHYSICAL OR SPECIAL ACCOMODATION INFORMATION		
ALLERGIES/INTOLERANCES TO FOOD OR MEDICATION		
ACTION TO TAKE IN EVENT OF EXPOSURE TO ALLERGEN:		
PREVIOUS SCHOOL OR CHILDCARE CENTER		
IF CHILD ATTENDS ANOTHER SCHOOL PROGRAM IN ADDITION TO TED & TED'S TINY TOT'S, PROVIDER PROGRAM INFORMATION BELOW:		
Name of School/Program:		Current Grade:
Address:		
City	State	Zip Code
PARENT/GUARDIAN INFORMATION		
Mother's or Guardian's Name:		Home Phone:
Address:		Cell Phone:
City:	State:	Zip Code:
Employer:		Business Phone:
Employer address:		
City:	State:	ZIP Code:
Father's or Guardian's		Home Phone:
Address:		Cell Phone:
City: State:	State:	ZIP Code:
Employer		Business Phone
Employer's Address		
City:	State:	Zip
Mother's or Guardians Email		
Father's or Guardians Email:		
Emergency Contacts (TWO REQUIRED)		
Contact's Name:		
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship
Contact's Name:		
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:

# TED & TED'S TINY TOT'S Early Learning Center

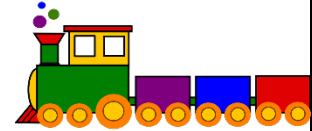
## CHILD CARE ENROLLMENT APPLICATION



PERSONS AUTHORIZED TO PICK UP CHILD FROM CHILD CARE FACILITY																							
I understand it is my responsibility to notify the center of any changes to this authorization.																							
Full Name:																							
Last 4 digits of driver's license:	Relationship:																						
Full Name:																							
Last 4 digits of driver's license:	Relationship:																						
Full Name:																							
Last 4 digits of driver's license:	Relationship:																						
PERSONS PROHIBITED FROM PICKING UP CHILD FROM CHILD CARE FACILITY																							
<p>*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.</p> <p>NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.</p>																							
Full Name:		Relationship:																					
Full Name:		Relationship:																					
PHYSICIAN/CLINIC/HOSPITAL INFORMATION																							
Child's Physician or Clinic:		Phone:																					
Address:																							
Preferred Hospital		Phone:																					
Address:																							
AUTHORIZATION FOR EMERGENCY MEDICAL CARE:																							
<p>I authorize Ted &amp; Ted's Tiny Tot's to obtain immediate medical care for _____ and consent to hospitalization, diagnostic testing, surgery, and administration of drugs to treat my child in a critical emergency requiring medical care and if I cannot be located immediately.</p> <p>I understand that I/we will be responsible for payment of all medical expenses. I understand that center staff will provide first aid/CPR and take appropriate measures including contacting the emergency medical services (EMS) system.</p> <p>I understand center staff will arrange for medical transportation to _____ or the nearest emergency medical facility if necessary. At no time will a staff member drive with my child unless accompanied by another adult.</p> <p>My child's medical treatment cost is covered by the provider listed below</p> <table border="1"> <thead> <tr> <th>Name of Insurance Company</th> <th>Policy/Identification Number</th> <th>Group Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>In case of a medical emergency, I understand that a staff member of Ted &amp; Ted's Tiny Tot's will attempt to contact the</p> <table border="1"> <thead> <tr> <th>Mother or Guardian at</th> <th>Phone</th> <th>Between am and pm</th> </tr> </thead> <tbody> <tr> <td>Father or Guardian at</td> <td>Phone</td> <td>Between am and pm</td> </tr> </tbody> </table> <p>If neither parent/guardian is available in an emergency the staff member will attempt to call</p> <table border="1"> <thead> <tr> <th>Emergency Contact 1</th> <th>Phone:</th> <th>Between am and pm</th> </tr> </thead> <tbody> <tr> <td>Emergency Contact 2</td> <td>Phone:</td> <td>Between am and pm</td> </tr> </tbody> </table> <p>* If there is an objection to seeking emergency medical care, a statement must be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.</p>			Name of Insurance Company	Policy/Identification Number	Group Number							Mother or Guardian at	Phone	Between am and pm	Father or Guardian at	Phone	Between am and pm	Emergency Contact 1	Phone:	Between am and pm	Emergency Contact 2	Phone:	Between am and pm
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Mother or Guardian at	Phone	Between am and pm																					
Father or Guardian at	Phone	Between am and pm																					
Emergency Contact 1	Phone:	Between am and pm																					
Emergency Contact 2	Phone:	Between am and pm																					
Signature of Parent or Guardian		Date:																					

# TED & TED'S TINY TOT'S Early Learning Center

## CHILD CARE ENROLLMENT APPLICATION



### FIELD TRIPS & ACTIVITIES

I understand that I must give written permission for field trips/excursion and that I will be notified when they are planned. I understand that my child will participate in center activities and use center equipment

### PHOTO & VIDEO AUTHORIZATION

I \_\_\_\_\_ do \_\_\_\_\_ do not give permission to have my child's picture taken for the following purposes

Center TV Commercial/Billboard	Yes	No
Posted in Center	Yes	No
Posted on Center's website or Facebook page	Yes	No

### ACKNOWLEDGEMENTS

A	I have received a copy of <b>Ted &amp; Ted's Tiny Tot's</b> policies pertaining to Admission, Care, Tuition and Fees, Sick Child & Infection Control and Discharge of children.
B	The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill, and the parent(s)/guardian(s) will arrange to have the child picked up within 1 hour if so, requested by the center.
C	The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
D	The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
E	<b>Ted &amp; Ted's Tiny Tot's</b> is a tuition-based childcare center. I understand tuition is due regardless on child's attendance
F	I understand tuition is due on Monday in advance of care and a \$ _____ registration fee is required on or before my child's first day of care. I/we will pay tuition _____ weekly _____ bi-weekly _____ monthly. I understand that failure to pay tuition as agreed will result in my child not being accepted for care.
G	By signing this document, I agree to the terms and conditions outlined in the Parent/Staff Handbook, this application.

Parent's / Guardian's Signature:

Date:

Date Child Began Program:

Date Child Left Program:

### IDENTITY VERIFICATION

Please present a certified copy of your child's birth certificate for documentation purposes.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued	Date explained to the parent
Other Form of Proof	Date Documentation Viewed	Person Viewing Documentation		

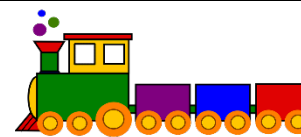
Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date \_\_\_\_\_ Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (I.e., after school program) or the center transfers responsibility of the child directly to the school (I.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

**Section 63.2-1809** of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.032-05-252/11 (06/05)

# TED & TED'S TINY TOT'S Early Learning Center

## CHILD CARE ENROLLMENT APPLICATION



### SICK CHILD & INFECTION CONTROL POLICY PARENT AGREEMENT

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

This childcare center is a well childcare facility. This means that if your child is not feeling well, for any reason, you will need to find alternate care. Please do not bring your child if he/she has a contagious illness or exhibits any of the following symptoms:

\*Fever of 101 degrees or above \*Vomiting, excessive over typical infant spit up \*Diarrhea \*Head lice \*Labored Breathing or Wheezing \*Complaints of ear or stomach pain \*Nasal discharge (indicating infection) \*Conjunctivitis (pink eye) \*Bleeding other than minor cuts and scrapes \*Any rash that could indicate a communicable disease \*Any communicable disease that will place others health at risk\*

In general, if your child is too sick to go outside or play, then your child is too sick to attend childcare. If your child displays any of the above symptoms during care, you will be phoned and asked to pick your child up immediately. If you are called to pick up a child, the child cannot return to the center until a full day has passed and they have been fever free without a fever reducer for a full 24 hours or you have a **signed physician's note that indicated the child's diagnosis and when the child may return to the center.**

If your child has a common cold (slight cough, sneezing, clear runny nose and/or a temperature below 99.5 degrees your child may attend daycare. However, if your child reaches a point when he/she requires constant attention, will not play with other students, cries continuously, whines and wants to be held constantly, then your child will need to return home on that day. If a child become ill over the weekend and cannot attend the center the following week (even if just one day) a physician's not with diagnosis and a date, they can return to school is required.

Any child requiring prescription medication will need to be kept at home for a period of at least 24 hours until no longer contagious, unless you have a **signed physician's note that indicated the child's diagnosis and when the child may return to the center.**

No medication can be kept on premises for more than 14 days. Please dispense all medications at home whenever possible. For times when this is not possible, a Medicine Consent Form must be filled out in order for us to dispense any medications. All prescription and over the counter medications must be in their original container (s), and prescriptions must display the pharmacist's label with the doctor's name. In addition, a signed note must accompany all prescriptions prescribed more than 10 days/week from the child's medical practitioner.

Has your child had any of the following diseases, please check all that apply: ☐ Chicken pox ☐ German Measles ☐ Mumps ☐ Diabetes ☐ Red measles ☐ Rheumatic fever ☐ Asthma ☐ Scarlet fever ☐ Polio ☐ Seizures ☐ Allergies Others \_\_\_\_\_

Under the VA Departments of Social Services standard: 22 VAC 15-40-110-A-3, Parents must notify Ted & Ted's Tiny Tot's when your child or other family members within your home contracts a reportable communicable disease.

I have read and understand this infection control policy, and I agree adhere to these policies for the protection of my child as well as for the other children and staff members at Ted & Ted's Tiny Tot's. I also understand that failure to comply with this policy will result in termination of care at the center.

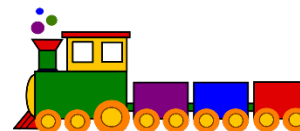
The infection control policies and procedures have been presented and explained to \_\_\_\_\_ The Parent(s)/Guardian by Ted & Ted Tiny Tot's on Date: \_\_\_\_\_

Signatures below indicate acknowledgement of receipt of this form and agreement to adhere to these policies.

**Parent's / Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TED & TED'S TINY TOTS** Early Learning Center  
CHILD CARE ENROLLMENT APPLICATION



**WEEKLY TUITION & REGISTRATION**

**Weekly Rates as of March 1, 2023:**

Infant/Toddler (0 -23 months)	\$215.00 per week
Two Yrs (25 - 36 months)	\$195.00 per week
Pre-K 3-5 years	\$175.00 per week

**Multiple-child discount** of \$10.00 off the weekly tuition of each additional child after 1st child enrolled

Meals that are provided (breakfast, morning snack and afternoon snack)

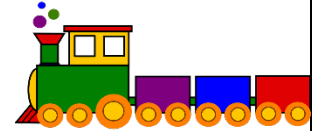
**Registration fee:** \$100.00 1st child (*non-refundable*)  
50% off registration for each additional child per family.

Rates are based on the age of your child at the time of enrollment. Transitioning occurs in June and December.

**Child Care Subsidy** – Ted & Ted's requires families to pay all tuition and fees not covered by your subsidy program.

Tours are available at 1:30 pm and 5:30 pm by appointment Tuesday through Thursday as a Covid-19 safety precaution.

**TED & TED'S TINY TOTS** Early Learning Center  
CHILD CARE ENROLLMENT APPLICATION



FOR OFFICE USE ONLY		
ANNUAL APPLICATION REVIEW AND UPDATES		
Review Date:	Review Date:	Review Date:
<b>EMERGENCY CONTACT CHANGES</b>		
Contact's Name:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:
Contact's Name:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:
<b>SCHOOL OR OTHER PROGRAM CHANGES</b>		
Name of school or program:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:
Name of school or program:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	Relationship:
<b>PARENT ADDRESS/PHONE NUMBER CHANGES</b>		
Mother's /Guardian's Name:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code:
Mother's /Guardian's Name:		Date of Change:
Physical 911 Address:		
City:	State:	ZIP Code: