

Rain River

LEARNING CENTER

Enrollment Application

Child's Name:

Application Date:

Rain River Learning Center, LLC

880 Santa Maria Blvd. Ste. 5&6

St. Augustine, FL 32086

904-747-2240

hello@rainriverlearningcenter.com

www.rainriverlearningcenter.com

Student's Name:



Enrollment Application Checklist

REQUIRED FORMS INCLUDED IN THIS DOCUMENT:

<i>Please complete, sign, and return all forms listed below:</i>		<i>Completed</i>
Child and Family Overview		()
Medical Information and Physical Description		()
Transportation Plan and Emergency Contacts		()
Parental Agreement and Consent Form		()
Bright Wheel Contact List		()
Unconventional Schedule Waiver		()
Developmental History and Background Information (3 pages)		()
Payment Policy and Agreement		()

<i>Please complete based on payment method preference:</i>		
Electronic Funds Transfer Authorization (**RRLC preferred payment method**)		()
Credit Card Payment Authorization (required for ALL payment methods)		()

REQUIRED FORMS NOT INCLUDED IN THIS DOCUMENT:

<i>Please complete and submit the following additional forms:</i>		<i>Completed</i>
Physical Form (dated within the previous 11 months and signed by physician)		()
Immunization Record (current and signed by physician)		()

<i>Please complete and submit the following additional forms only if needed:</i>		<i>Completed</i>
Ages and Stages Developmental Screening		()
Medication Consent Form		()
Individual Health Care Plan		()
Individualized Family Service Plan		()
Individualized Education Plan		()
Supportive Information Release Form		()
Copies of any Custody Agreements, Court Orders, and Restraining Orders pertaining to the child		()

FOR SCHOOL USE ONLY

Employee Signature:	Date:
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Student's Name:

Child & Family Overview

FOR SCHOOL USE ONLY	
Class:	School:
Days Attending:	Date of Admission:
Hours:	Age at Admission:

CHILD INFORMATION		
Child's Full Name:		
Nickname:	Birth State:	Primary Language:
DOB (mm/dd/yy):	Age at Registration:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

FAMILY INFORMATION		
Parent #1		
Relationship:	Last Name:	First Name:
Cell Phone:	Work Phone:	
I would like to receive school alerts via text messaging: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:	Primary Language:	
Address:		
City:	State:	ZIP Code:
Employer Name:		
Address:		
City:	State:	ZIP Code:

Parent #2		
Relationship:	Last Name:	First Name:
Cell Phone:	Work Phone:	
I would like to receive school alerts via text messaging: Yes No		
Email:	Primary Language:	
Address:		
City:	State:	ZIP Code:
Employer Name:		
Address:		
City:	State:	ZIP Code:

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature:	Date:
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Student's Name:

Medical Information & Physical Description

MEDICAL INFORMATION

Child's Physician Information

Physician & Clinic Name:

Phone:

Address:

City:

State, ZIP:

Child's Physical Description

Height:

Weight:

Hair Color:

Eye Color:

Race/Ethnicity:

Distinguishing Features/Birthmarks:

Allergies and Conditions

Allergies and Reactions:

Chronic Health Conditions:

Medical Alerts, Disabilities, or Medical, Behavioral, or Dietary Limitations:

Individualized Family Service or Education Plan

My child has an Individualized Family Service Plan (IFSP) or Education Plan (IEP)

A copy has been provided to RRLC in order to accommodate my child's specific needs

Physical Exam and Immunizations

I have submitted my child's last physical exam record to RRLC

Date of Exam:

I have submitted my child's immunization record to RRLC

Date of Exam:

Medications

My child takes medication regularly at home (list medications and potential side effects):

My child will take medication regularly at school (list medications and potential side effects and MUST also fill out school medication form):

In the unlikely event of an emergency requiring medical attention for my child, I understand that every effort will be made to contact me. I authorize staff at Rain River Learning Center who are trained in the basics of first aid and CPR to give my child first aid or CPR when appropriate. However, if I cannot be reached or my child needs emergency medical attention and a delay would be dangerous to the health of my child, I hereby authorize the program to transport my child to the nearest medical facility and/or to _____ and to secure necessary medical treatment for my child including, but not limited to, an epinephrine auto-injection for suspected exposure to a life threatening allergen.

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature:

Date:

Student's Name:

Arrival & Departure Plan

ARRIVAL & DEPARTURE PLANS

<i>My child's A.M. arrival specifics are as follows:</i>	<i>My child's P.M. departure specifics are as follows:</i>
Primary Drop-off (name): <input style="width: 90%;" type="text"/>	Primary Pick-up (name): <input style="width: 90%;" type="text"/>
Private Transportation (arranged by parents) <input type="checkbox"/>	Private Transportation (arranged by parents) <input type="checkbox"/>
School Transportation (afterschool program only) <input type="checkbox"/>	

Expected Arrival Times		Expected Departure Times	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	

Please list below all emergency contacts and persons other than legal guardians. Please also note if the contact is authorized by you to pick your child up from school. It is the policy of RRLC not to release children to anyone not authorized by the parents/guardian in writing (feel free to use back of form if needed). If a child is protected by a restraining order, please submit the order to RRLC. **Any changes to this list must be submitted in writing and receipt verified by an RRLC staff member prior to taking effect.**

EMERGENCY CONTACTS

<i>Additional Contact #1</i>	
Relationship:	Name:
Phone:	Authorized to pick-up child <input type="checkbox"/>
<i>Additional Contact #2</i>	
Relationship:	Name:
Phone:	Authorized to pick-up child <input type="checkbox"/>
<i>Additional Contact #3</i>	
Relationship:	Name:
Phone:	Authorized to pick-up child <input type="checkbox"/>
<i>Additional Contact #4</i>	
Relationship:	Name:
Phone:	Authorized to pick-up child <input type="checkbox"/>
<i>Additional Contact #5</i>	
Relationship:	Name:
Phone:	Authorized to pick-up child <input type="checkbox"/>

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature:	Date:
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Student's Name:

Parental Agreement & Consent Form

	YES	NO
I have received the Program Handbook (download at www.rainriverlearningcenter.com and www.brightwheel.com).	()	()
I have been informed of and understand the policies and procedures of the program.	()	()
I have been informed of the goals and overall philosophy of the program.	()	()
I am aware that I will be informed of specifics via newsletters, text, and the Brightwheel app.	()	()
I agree that it is the responsibility of both the program staff and I (we) as parents/guardians to keep an open line of communication and that I will alert the program if anything in this enrollment package changes.	()	()
I understand that parents/guardians will be asked to evaluate the program using the form provided annually.	()	()
I understand the payment policies and that I will be charged a late fee if services are not paid for on time.	()	()
I understand that I must give two weeks notice to any schedule changes or withdrawal from the program.	()	()
I will be given the opportunity to observe my child interacting in their classroom within two business days of enrollment.	()	()
I am aware and agree to RRLC using screening and evaluation tools in order to ensure that my child is getting the best care possible.	()	()
I give permission for my child's photograph to be used for internal purposes at RRLC (e.g. posted in classrooms, training materials, school emails, or newsletters).	()	()
I give permission for my child's photograph to be used on the RRLC website, Facebook, and Instagram.	()	()
I give permission for my child's photograph to be used for external purposes at RRLC (e.g. marketing materials, print advertisements, local newspapers). NOTE: Your child will never be identified by name without your express permission.	()	()
I give permission for the following to be used on my child, if needed:		
-Topical, non-prescription medications such as diaper ointment, powder, lotion, sunblock, etc. Not applied to open skin and MUST be provided by parent.	()	()
-Unanticipated, non-prescription and topical medications which MUST be provided by parent (e.g. Tylenol or Orajel).	()	()
-General first aid medications and supplies in the event of an injury	()	()

Initials

Walking Trips - I give permission for my child to leave the school for off-site walking trips. This may include taking a walk for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by RRLC staff and will be supervised at all times. All other off-site school field trips will require an individual field trip release form with parental/guardian written permission.

Transportation - I give permission for my child to be transported for field trips, picked-up from school, to and from school sponsored activities, or during an emergency. All field trips will have a specific, separate permission slip. During transportation, my child will be under the direct and proper supervision of an RRLC staff member.

My signature below indicates I have read and completed ALL of the information above.

Parent/Guardian Signature:	Date:
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Student's Name:

Brightwheel Contact & Consent Form

Rain River Learning Center is BIG on transforming early education. Each and every day, we create new ways to improve your child's education and overall family experience. That's why we partnered with Brightwheel, an innovative platform that allows teachers to share memorable moments with you throughout the day. Our teachers are able to take pictures of daily activities and fun happenings on their classroom iPad, tag your child, and send the pictures directly to your inbox using the Brightwheel app!

Privacy and security is of utmost importance in managing the sensitive information and media. The Brightwheel system employs leading enterprise-level security for all of its services, exclusively serving the preschool and daycare market across the country. The entire platform is a closed system for each school – it is not connected in anyway with social media or other public applications. Finally, all information captured and stored in the system will never be used for any other purpose outside of direct communication with families or as directed by school media policies. However, please note that pictures tagged with multiple children will be sent to each family tagged.

Please select ONE statement below:

- I would like to participate in the secure Brightwheel photo system and receive regular photos/videos of my child as teachers document activities, learning and fun as a method of daily family communication. I also give permission for my child's photo to occasionally be sent as a group photo to peer's families as a method of daily family communications.
- I do not want to participate in the Brightwheel photo program and understand that I will not receive photo emails of my child.

BRIGHTWHEEL CONTACTS

Child's Full Name:

Classroom: Teacher:

BRIGHTWHEEL CONTACTS

Contact #1

First Name: Last Name:

Email: Relationship:

Contact #2

First Name: Last Name:

Email: Relationship:

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature: Date:

Student's Name:

Schedule Waiver

At RRLC we know that parents want the best for their children, as do we. We strive to encourage and inspire little minds as children develop over the course of their educational journey with us. Deciding which schedule will best suit a family's needs truly depends upon the individual requisites and goals of the family.

As an educational institution, RRLC's Conventional Schedule is a 5-day, full time program that endeavors to provide consistency, routine, and repetition for our young friends. Our curriculum builds upon learning from previous days in the week. Independent research asserts that children often react with interest and excitement when they can recognize and practice concepts progressively each day. Conventional scheduling allows our teachers to consistently implement our curriculum and build strong relationships with families and children. Most importantly, it enables children and families to derive maximum value and results from the program.

Certain schools may offer part-time availability, which we deem as unconventional. For this reason, if another family seeks a full-time schedule in the space your child occupies, you will be given the option to modify your schedule or risk losing your space in the program. We will make every effort to accommodate your originally requested schedule, but may need to adjust your schedule depending upon the needs of the community and RRLC. RRLC will provide at least two (2) weeks written notice of proposed schedule changes. Please know this circumstance is extremely rare and can only occur if RRLC is at full capacity.

Whether a family selects a full-time or part-time program, RRLC believes that early education is a lasting gift that a family bestows upon a child. Both program types offer children an array of new experiences, a social environment, a playful atmosphere, and an opportunity for children to find inspiration and growth through a love of learning.

Select ONE option below and initial underneath the marked box:

() <hr/>	<p>FULL TIME SCHEDULE: <u>I plan to enroll my child in a five-day, full-day program.</u> By selecting this schedule, RRLC agrees to reserve a full-time space for the child over the duration of the service term. I understand that RRLC requires a two (2) week written notice for any schedule changes or termination. This notice must be provided to the Director and will not be honored if given to the child's teacher. I understand that, if my schedule changes from anything other than full-time, I assume responsibility for the part-time schedule waiver below.</p>
() <hr/>	<p>PART TIME SCHEDULE: <u>If available at time of enrollment, I plan to enroll my child in a part-time program, consisting of reduced daily hours, a reduced number of days, or a combination of both.</u> By selecting this schedule, I understand that this is not the conventional schedule. I am aware that RRLC may request to modify my schedule in the future in order to maximize care availability in my school community. RRLC agrees to provide two (2) weeks written notice regarding any proposed schedule change. In the event that I am unable to adjust my schedule, I recognize that my space will be forfeited and I may need to seek alternative care. I understand the RRLC requires a two (2) week written notice for any schedule changes or termination. This notice must be provided to the Director and will not be honored if given to the child's teacher.</p>

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature:	Date:
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Student's Name:

Developmental History & Background 1-3

SOCIAL RELATIONSHIPS

Please describe or indicate yes, no, or N/A

How would you describe your child?	
What are the things you love most about your child?	
What makes your child most happy? Any favorite toys?	
What makes your child most upset?	
How do you comfort or reassure your child?	
What does your child do to comfort him/herself?	
Do you have any concerns with your child's sight? Hearing? Behaviors? Sensory stimulation?	
Any specific fears we should know about?	
What behavior management techniques do you use at home?	
What experience with other children his/her age does your child have?	
Reaction to strangers?	
Please describe routines you have at home that you would like us to try in school.	
What would you like your child to gain from this experience?	

DAILY SCHEDULE

Please describe your child's schedule on a typical day. Please include: awakening, eating, time out of crib, napping, toilet habits, fussy time, bathing, where he/she sleeps, bedtime routines, etc.

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EARLY EDUCATION & CHILD CARE EXPERIENCE

Please describe or indicate yes, no, or N/A

Previous centers in which the child has been in care?	
Child's experience with their care?	
Please describe how you feel your child will benefit from enrollment at RRLC?	

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature: <input type="text"/>	Date: <input type="text"/>
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Student's Name:

Developmental History & Background 2-3

SOCIAL RELATIONSHIPS

Does your child...		Please describe or indicate yes, no, or N/A	
Did your child have any prenatal or birth complications? A history of colic?			
Has your child had any serious illnesses or hospitalizations?			
Tell us about your child as an infant . What is/was their temperament? Does/did they have any specific sleep or eating routines? For current infants: Do they use a pacifier? Sleep on their back without issue? Formula or breast fed? Note: RRLC follows Infant Sleep Safe Guidelines and a Back-to-Sleep policy for all infants under 12 months.			
Tell us about your child as a toddler . Do/did they have any speech difficulties? Agression issues? For current toddlers: How mobile are they (climbing, stairs)? What self-help skills do they have? Anything else?			
Tell us about your child as a preschooler . What topics do they seem most interested in learning about? Any signs struggling with learning or attention? How easily do they make new friends? Anything else?			
Does your child have a particularly fussy time of the day? When? How do you handle it?			
If applicable, at what age did your child start the following:		Sitting	Crawling
Talking	Potty Training	Self-dress	Recognize own name
		Walking	

EATING HABITS

Does your child...		Please describe or indicate yes, no, or N/A	
Have any special characteristics or difficulties related to eating?			
Eat in a high-chair or lap? Eat with hands or utensils? Drink from a bottle or cup? Other?			

SLEEPING HABITS

Does your child...		Please describe or indicate yes, no, or N/A	
Sleep in a crib or bed?			
Nap during the day? If so, when and for how long?			

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature:	Date:
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Student's Name:

Developmental History & Background 3-3

SLEEPING HABITS cont.

Does your child... Please describe or indicate yes, no, or N/A

Have any special needs when going to sleep or waking up? (stuffed animal, story, etc.)

When does your child go to bed at night? Wake up in the morning?

TOILET HABITS

Is your child... Please describe or indicate yes, no, or N/A

In diapers

If so, what kind of diapers? Is there any concern with diaper rash? Any specific instructions?

Potty training

If so, how do they indicate bathroom needs? What methods are you trying at home? Are you using diapers during part of the day?

Potty trained

If so, do they typically have accidents? Any specific care instructions we should be aware of?

ANCILLARY FAMILY INFORMATION (OPTIONAL)

No information provided will be used in a discriminatory manner. **All questions below are optional** and will be used only for RRLC to best serve your child and your family. RRLC celebrates diversity and avidly practices an Anti-Bias policy. Knowing more about your family dynamics helps us honor all family structures and traditions.

Child's Sibling(s):

Name:	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Lives with Child
Name:	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Lives with Child
Name:	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Lives with Child
Name:	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Lives with Child
Name:	DOB:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Lives with Child

Other Household Members:

Do you have any special traditions or celebrations you would like to share with our class(es)?

Is there anything else you'd like us to know that will help us best serve your child and your family?

Rain River Learning Center does not discriminate on the basis of a person's religion, race, color, national origin, cultural heritage, sex, maternal status, or any other factors. Toilet training is not an eligibility requirement for enrollment. Contact disability services to assist with special needs or reasonable accommodation issues.

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature:

Date:

Student's Name:

Payment Policies & Procedures 1-2

PARENT NAME:

SSN:

Registration & Fees

RRLC's registration fee of \$100.00 is due at the time of enrollment document submission. Enrollment is not binding until the registration fee is received. Supply fees and updated child fees are due annually.

RRLC requires a **two (2) week written notice** for termination in the event you choose to leave RRLC. This notice must be given to the School Director. **It will not be honored** if given to your child's teacher. The same two (2) week rule applies to any schedule changes requested by parents/guardians. You are required to pay for any weeks of tuition that your child attends following the date of your termination notice. If at any time, you receive a written notice of delinquency, you must contact RRLC immediately at 904-747-2240.

Tuition

Select **ONE** option below:

[]	<p>AUTOMATIC PAYMENTS THROUGH BRIGHTWHEEL (PREFERRED): By selecting this option, you are promising to set-up your account and automatic payments through the Brightwheel/RRLC portal https://www.brightwheel.com/RainRiverLearningCenter within twenty-four (24) hours of submission of your completed enrollment documents. This will allow you to submit your then due Registration Fee to RRLC. If your account is not created and your Registration Fee payment submitted within the initial twenty-four (24) hour period, your space will be forfeited, and you will be returned to the waiting list in the most recently added position. <u>PLEASE NOTE:</u> You can use credit, debit, or checking account (ACH) as a payment method within your Brightwheel account.</p>
[]	<p>PAY-IN-PERSON AT RRLC VIA CASH OR PERSONAL CHECK: By selecting this option, you agree that all payments will be PREPAID on or before the first school day of the current week via cash, personal check or money order. Payment is to be directed to the receptionist at RRLC and should NOT be sent with your child to be handled by their teacher. The receptionist will process your payment and provide you with a receipt verifying that the payment was applied to your account correctly.</p>

Tuition payments are due/will be deducted on Monday to pay for the current week's tuition. If any particular Monday falls on a holiday, bank checks or money orders are due by 12PM the next business day; ACH withdrawals and other automatic payments will also occur automatically on the next business day. **You are contracting for a guaranteed slot for your child to the exclusion of all others** and tuition is due and payable whether your child is out due to sickness, holiday closing, weather emergency, or vacation. This will automatically be charged to your account. Prompt payment is necessary and expected. For families with state funding, if your child(ren) attends RRLC for any time that is not covered by your voucher of scholarship, you will be responsible for payment based on RRLC's current tuition rates.

Late Fees/Collections

There is a \$25.00 fee per week for any balance or tuition payment that is not paid while you remain enrolled in RRLC. **This fee will be added on Friday of the currently due tuition week.** If you leave with a delinquent balance, a 1.5% interest charge will be added to your total bill each month your account is left unpaid. The first 1.5% interest charge will be incurred the last day of your enrollment in RRLC and each month thereafter until paid in full. After two months without payment, your account will be sent to collections, where you will be responsible for an additional fees incurred by the agency. **When your account is sent to collections, it will affect your credit.**

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature:	Date:
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Student's Name:

Payment Policies & Procedures 2-2

PARENT NAME:

SSN:

Late Pick-up

If you will be later than our closing time of 6:30pm to pick up your child, a phone call to 904-747-2240 is required to verify that RRLC coverage is available. There is a fee of \$1.00 per minute until your child is picked up. This fee must be paid to your school's director within two (2) weeks of the late pick-up. If you do not pay within this time period, the charge will be added to your tuition account and will be processed with your next tuition payment.

Returned Checks/Insufficient Funds

There is a \$35.00 service charge for each check returned for insufficient funds. You may also be assessed fees by your bank for this incomplete transaction.

Absences

Any time a child is gone for more than two (2) weeks without payment of the regular weekly tuition, the child is dropped from the enrollment list and the vacancy is filled. In order to enroll again, an opening will have to be available and a new registration fee paid. RRLC reserves the right to deny re-enrollment for families whose state funding is terminated and reinstated for excessive absences.

Holidays & Closures

The program will be closed on specific days throughout the year as indicated within the annual school calendar. When a holiday falls on a Saturday, we will be closed the Friday before the holiday. When a holiday falls on a Sunday, we will be closed the following Monday. Annual calendars are available at the front desk and on the RRLC website under Parent Resources. This calendar may be amended anytime at RRLC's discretion. RRLC does not provide reimbursement for planned or unplanned closures, including inclement weather, power outages, construction, etc. Alternate care should be arranged by the parents/guardians on the days of closure. Neither substitution nor compensation will be granted.

State of Florida Required Notifications

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

My signature below indicates the above information is complete and correct to the best of my knowledge.

Parent/Guardian Signature:	Date:
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Rain River

LEARNING CENTER

Dear Families,

I want to personally **thank you** for taking the time to provide me with the wealth of information contained in this enrollment application. I'm fully aware that it was a time-consuming task, yet essential for us at Rain River Learning Center (RRLC) to properly care for, nurture, and grow a love for learning in your child. It is our goal at RRLC to cultivate a balanced and enriched learning environment for your babies based on academic, social, and emotional skill building. I believe that God has big plans for your little angels and we are eager to aid them on their spiritual journey, as well. These things, coupled with a harmonious partnership fostered by peace-of-mind and respect for parents will allow us to provide a truly unparalleled childcare experience for all. I am grateful for the opportunity to contribute to the happiness and stability of your family's daily routine and instill a well-balanced foundation in your miraculous child.

Sincerely,
Lindsay Morris
Center Director and Owner
Rain River Learning Center