



# Little Blessings Early Learning Center

6015 Highway 126  
Blountville, TN 37617

## CHILD APPLICATION

### Child's Information:

Full Name of Child: \_\_\_\_\_ Nickname or name to call child: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Child's Date of Birth: \_\_\_\_\_

### Parents/Legal Guardian:

Mother's Name: _____	Father's Name: _____
Address (If Not Child's): _____	Address (If Not Child's): _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone : _____	Cell Phone : _____
Place of Employment: _____	Place of Employment: _____
Normal Work Schedule: _____	Normal Work Schedule: _____
Work Phone: _____	Work Phone: _____

Child is in the custody of (**Both Parents / Mother Only / Father Only / Other** \_\_\_\_\_).  
Child resides with (**Both Parents / Mother Only / Father Only / Other** : \_\_\_\_\_).

### Emergency Information:

<u><b>Emergency Contact (Other than Parents)</b></u>	<u><b>Physician Information</b></u>
Name: _____	Physician or Health Clinic: _____
Relationship to Child: _____	Address: _____
Address: _____	Office Number: _____
City/State/Zip: _____	
Contact Numbers: _____	

**\*\*Allergies, If Any:** \_\_\_\_\_

# Childcare Agreement

This agreement is entered into on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

## **BETWEEN LITTLE BLESSINGS AND:**

### **Parent / Guardian #1**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

### **Parent / Guardian #2 (if applicable)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

## **FOR THE CARE OF:**

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

## **FOR THE RATE OF: \$ 200 per month**

**SPECIAL NEEDS/PROVISIONS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that upon entering this agreement that this reserves a spot in a class for my child. I understand that since a spot is being held for my child that can not be filled temporarily by another child; so I understand that this rate is set and is due whether or not my child attends until I give 2 weeks written notice.

## **Authorization Signature(s)**

### **Parent / Guardian #1**

\_\_\_\_\_  
*Parent / Guardian Signature Printed Name Relationship Date*

### **Parent / Guardian #2 (if applicable)**

\_\_\_\_\_  
*Parent / Guardian Signature Printed Name Relationship Date*

## PARENTAL AGREEMENT FORM

*Please read each of the following statements below and initial each line that you are aware of each of the following:*

I am aware that the parent handbook is available on Life Point's website with all current rules/policies for access at any time. I have received the paper copy of the handbook.

I understand I am reserving a slot for my child and are responsible for the monthly rate even if they do not attend for sickness, inclement weather, travel or holidays etc.

I have been informed of and understand the policies and procedures which include:

Tuition, Fees, Late Fees  
Withdrawal Policy  
Grievance Procedure  
Drop off and pick up procedure  
Discipline Policy  
Personal Safety  
Medical Info & allergies

I am aware that I am responsible for compliance with the policies of the center.

I am aware of the consequences of failure to comply with the policies of the school.

I am aware I will be informed of specifics through a monthly calendar/newsletter.

I will provide updated copies of my child's allergies and any medical needs to ensure your child's safety.

I agree that it is the responsibility of both the staff and we as parents to keep an open line of communication between us during the year.

I understand that in the circumstance of a divorce or guardianship change, that Little Blessings must have legal documents explaining custody rights of each parent/guardian.

I understand the payment policies of Little Blessings and understand the consequences of non-payment.

I understand I am required to have a working phone number or means of contact on file at times. I will notify the office of any changes immediately.

I understand the late fee policy and agree to pay the late fee in the event I am late with paying monthly tuition.

**\*\*By signing below, I am certifying that I agree with all of the statements listed above on this page.\*\***

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Parent / Guardian #1

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Date

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Parent / Guardian #2

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Date

## CHILD CARE CONSENT

1. I'm aware we must pack my child's lunch and snacks each day. The food must be ready to serve.
2. I will record the time and my signature on the attendance sheet when I drop-off and/or pick-up my child.
3. I confirm that my child is in good health and able to participate in the child care activities, unless otherwise indicated on the Child Information Form.
4. The Parent Handbook is online and it is my responsibility to read and follow the rules and procedures. I may ask for a printed copy at any time.
5. I understand that my child will be given snacks and, unless I specify in writing otherwise, he/she may eat the provided snacks.
6. I agree to assume full responsibility for any damage to person or property caused by my child.
7. I agree that if it is determined that my child needs emergency medical or dental treatment; I will be responsible for any such treatment deemed necessary by a physician or dentist.
8. I further agree that if the behavior or health of my child should make it necessary to send him/her home, I, or an emergency contact person, will immediately pick up my child from child care.
9. I understand that if my child has a persistent pattern of negative behavior, and interventions have not been successful, I may be asked to remove my child from Little Blessings.
10. I understand that I must pay a late fee of \$4.00 per minute for every minute that my child is left past 2:05 PM. I understand that if being late becomes chronic, my child may be removed from Little Blessings.
11. I understand I am required to pay a \$10.00 per day fee for any week's fee that is not paid by the 3rd day of the month beginning the week of service. Tuition is due by the first day of the month.
12. I agree to give two weeks written, advance notice when withdrawing my child from the program.
13. Because Little Blessings guarantees appropriate staffing and snacks regardless of whether or not my child attends on scheduled days, I agree to pay for services for which my child may be absent.
14. I have read and understand the Vacation Policy concerning my child.
15. I understand that my child will not be released to any person who may put my child at risk and is not listed on the emergency contacts form.
16. I understand there is a \$100.00 supply fee yearly, due in August.
17. I understand that tuition remains the same even during months with holidays or snow days. Likewise, we do not increase tuition for a five week month.

**I have read, understand, and agree to all of the above.**

### **Parent / Guardian #1**

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<i>Parent / Guardian Signature</i>	<i>Printed Name</i>	<i>Relationship</i>	<i>Date</i>
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### **Parent / Guardian #2 (if applicable)**

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<i>Parent / Guardian Signature</i>	<i>Printed Name</i>	<i>Relationship</i>	<i>Date</i>
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## Child Pickup Authorization

Please provide a list of the people who will be allowed to pick up your child other than the parents or guardians listed on the application and list any special instructions or concerns.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*List any person who might try to pick up your child without your permission or put your child at risk. List any person who is NOT allowed by court order, custody agreement, etc. to pick up your child.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Special Remarks or Concerns:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under no circumstances will my child be released to anyone other than the individuals named about without prior written authorization.

_____	_____	_____	_____
Parent / Guardian Signature	Printed Name	Relationship	Date

_____	_____	_____	_____
Parent / Guardian Signature	Printed Name	Relationship	Date



## Emergency Transportation and Treatment Authorization

I understand that if there is an emergency involving my child, EVERY attempt will be made to contact me and then the others listed in this application. But, in the event that I cannot be reached to make arrangements for emergency medical or dental care for my child, I ( **grant** / **decline** ) permission for the following:

1. My child's Child Care Provider ( Little Blessings ) and/or their staff to make arrangements or to take my child: \_\_\_\_\_ to the nearest hospital, medical, or dental facility for treatment for any accident or illness as deemed necessary by the provider in the event of a medical emergency or call 911 to receive emergency assistance.
2. I accept full liability for all treatment and ambulance expenses.
3. I agree to hold Little Blessings Early Learning Center, its employees, Life Point Church, and Life Point Church staff harmless.

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Parent / Guardian Signature

Printed Name

Relationship

Date

**Decline option:** By declining, I understand that I insist that 911 not be called concerning my child under any circumstance. I wish the following action to be taken in the event of a medical or dental emergency.

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Parent / Guardian Signature

Printed Name

Relationship

Date



## Non – Prescription Medication Permission

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

I authorize Little Blessings staff to administer the following products on an as needed or as directed basis, in accordance with the manufacturer's directions.

Baby Wipes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diaper Ointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Band-aids	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-Bacterial Ointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Children's Pain Reliever/ Fever Reducer	<input type="checkbox"/> Yes <input type="checkbox"/> No

If I want sunscreen applied to exposed skin areas before going outside on warm sunny days, I will provide a sunscreen with a sunscreen protection factor (SPF) of 15 or more. I will mark my child's name on his/her sunscreen with a permanent marker and leave it in his/her diaper bag.

\*Child Fever Reducer (Tylenol/Motrin) would only be used when the child has a fever to help aid in the comfort of the child until the parent/guardian arrives to pick up their sick child.

**Special Instructions concerning the above items:** Ex: My child must have unscented.

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**Prescription Medication Policy:** The staff of Little Blessings will only administer Prescription Medicine when directed by the physician to be given during the time of care (example: epi-pen). The medication must be in the original container labeled with the child's name and dosage. A form must be completed with each prescription giving authorization and detailed instructions.

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## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

**We:**

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO explain things to children on their levels.
10. DO stay consistent in our behavior management program.

**We:**

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Date of Child's Enrollment: \_\_\_\_\_



## Website photo release

We must have a release signed by each parent instructing whether images of their child/children's will or will not be allowed. **NO PICTURE OF ANY CHILD WILL EVER BE POSTED TO SOCIAL MEDIA WHERE THEIR IDENTITY CAN BE SEEN.**

I \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby

☐

Do authorize and consent

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Do NOT authorize or consent

to the use of his/her visual image by Little Blessings for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I also understand that if consent is given; it is given knowing that no payment for use will be made to any persons.

### Parent / Guardian #1

Parent / Guardian Signature	Printed Name	Relationship	Date
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### Parent / Guardian #2 (if applicable)

Parent / Guardian Signature	Printed Name	Relationship	Date
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## Exemption To State Licensure

*In pursuant to document #71-3-503- "Program and facilities exempt from licensing" on the Tennessee Department of Health website, Little Blessings is notifying parents that Little Blessings is a parents day out program, which does not require a state of Tennessee license to operate. Though we do adhere to many guidelines set forth by the state of Tennessee licensure requirements for child care centers (e.g., children to teacher ratios, sanitation, etc.), we are NOT licensed.*

***Document #71-3-503 states "the parent, custodian or guardian shall sign a form indicating that the parent, custodian or guardian has been advised and***

*understands that the program is not licensed and is not required to be licensed by the state as a child care agency.”*

*By signing this form, you acknowledge and understand that Little Blessings is not licensed within the state of Tennessee as a child care facility, and has been granted an exemption to licensure.*

**Parent / Guardian #1**

<i>Parent / Guardian Signature</i>	<i>Printed Name</i>	<i>Relationship</i>	<i>Date</i>
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**Parent / Guardian #2 (if applicable)**

<i>Parent / Guardian Signature</i>	<i>Printed Name</i>	<i>Relationship</i>	<i>Date</i>
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