

# I "Can Do It" Learning Center Fall 2011-12 Registration Check List

- 1 – Updated immunization records or signed "vaccine exemption" form  
-- A copy of birth certificate
2. – Registration Fee paid (to guarantee placement)
- 3 – **ALL** registration forms filled out completely and signed
  - Class Registration
  - Registration/Tuition Agreement
  - Consent to Participate in Class Activities
  - Emergency Contact
  - Getting Acquainted
4. – Workbook or Journal fee due by August 1, 2011

**Parents**, please make note, ALL of the above items must be turned in prior to the first day of school, September 6th. This will enable us to proceed with our teaching duties, rather than be side tracked with paper work and fees. If you have any questions, do let us know, as we truly want this process to go smoothly.

**I “Can Do It” Learning Center  
Fall 2011-2012  
Combo Class Registration**

**Child’s Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_  
**Father’s Name:** \_\_\_\_\_ **Mother’s Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_ **work:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **work:** \_\_\_\_\_  
**S.S.No.** \_\_\_\_\_ **cell:** \_\_\_\_\_ **S.S.No.** \_\_\_\_\_ **cell:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**\*\*Combo Class - 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Grade \*\* teacher/child ratio = 1/15 \*\***  
**\*class hours = 9a.m.-3p.m.\* \* Monday – Friday\***

**\*Fall 2011-12 will begin on September 6<sup>th</sup> and end June 14<sup>th</sup> \***

**Just Combo Class** \_\_\_\_\_ **\$4100.00/school year** (10 months – Sept. thru June)  
(10% discount will be given)

\_\_\_\_\_ **Mthly payments = \$410.00**

**Combo Class & “After-School” program** \_\_\_\_\_ (parents fill out “After-School” form)

**\*\*Combo students participating in the “After-School” program will need to provide their own individual afternoon snacks and lunches daily.**  
**The Learning Center will not provide “After-School” snacks or lunches.**

**CIRCLE TIME** - Respect for “Circle Time” is mandatory and appreciated. It is one of the most concentrated times of the day. The children’s attention span, as well as, the learning process is disrupted when someone enters the room during “Circle Time”. Please be sure your child is at school shortly before 9am, before “Circle Time” begins. If children arrive after “Circle Time” begins, parents must stay with their child in the “big room” until “Circle Time” is obviously over.

**Fall Registration Fee = \$50/year**

**Work Book Fee = \$100.00/year** (due on or before August 1, 2011)

**Registration Fee Paid:** \_\_\_\_\_ **Work Book Fee Paid:** \_\_\_\_\_

(Siblings do not pay a registration fee.)

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I “CAN DO IT” LEARNING CENTER  
Fall School Program 2011-12  
Registration/Tuition Agreement**

**Admission Policy:** All necessary forms must be completed, registration/book/materials fees paid and current immunization records, and a copy of your child’s birth certificate turned in before a child can begin attending the “I Can Do It” Learning Center.

**Annual Registration/Fees:** The Fall Registration fee is \$50.00 (one Registration fee per family) and a \$100.00 Workbook fee is charged to students registered in our Kindergarten & Combo Class (First, Second & Third Grade). Pre-K students pay a \$5.00 Journal Fee.

**ICCP:** We accept and assist with the Idaho Child Care Program. Parents are required to pay the registration fee at the time of registration and tuition payments must be paid according to the monthly payment option chosen until ICCP payments are received. When ICCP payments are pending or do not come through (for various reasons) parents are responsible for all payments due. Co-payments must be paid according to the monthly payment option chosen and subject to late fees. **(no exceptions)**

**Tuition Payment Policy:** Tuition is due in advance and can be paid in full at the beginning of the school year or billed mthly. Monthly billing will take place the last week of each month, for the following month. (example – June’s tuition will be billed the last week of May and is due in full on June 5<sup>th</sup> or ½ on the 5<sup>th</sup> and the balance on the 20<sup>th</sup>). Late fees will be applied on the 6<sup>th</sup> (\$20) and 21<sup>st</sup> (\$20) when payments are not paid as agreed. **(no exceptions)**

**Mthly Tuition will be billed for 10 months – September thru June – with no pro-rations in tuition fees.**

**Payment Options: (please initial one)**

1. \_\_\_ Monthly tuition will be paid in full on or before the 5<sup>th</sup> of each month. A \$40.00 late fee will be applied on the 6<sup>th</sup> when payment is not paid as agreed on the 5<sup>th</sup>. **(no exceptions)**
2. \_\_\_ Monthly tuition will be divided into two equal payments, due on the 5<sup>th</sup> and 20<sup>th</sup>. A \$20.00 late fee will be applied on the 6<sup>th</sup> when payment is not paid as agreed on the 5<sup>th</sup>. An additional \$20.00 late fee will be applied on the 21<sup>st</sup> when payment is not paid as agreed on the 20<sup>th</sup>. **(no exceptions)**
3. \_\_\_ Tuition for the 10mth. school year will be paid in full before the first day of school – a 10% discount will be given.

**Late Fees:** Are necessary, as the school depends on tuition to be paid as agreed in order to meet the schools financial obligations. The entire balance (as agreed) must be paid to avoid late fees.

**Returned check fee:** A \$40.00 processing fee, plus any bank charges will be charged. Once a check has been returned, payments will only be accepted in cash. Checks will no longer be accepted. **(no exceptions)**

**Credits:** Because we are a small full-time educational facility our operating costs remain constant year round.

Credits will not be given for vacation, illnesses, etc. Days cannot be traded – students have set schedules. **(no exceptions)**

**Snack participation per month** – The Pre-K and Kindergarten families agree to participate by providing two morning snacks per month for their student’s class or contribute \$15/mth in place of the two morning snacks. Monthly calendar “sign-up” sheets are located in the kitchen. Reminders will not be given

**Lunches & Afternoon Snacks** - Pre-K, Kindergarten & Combo students participating in the “After School” program will need to provide their own individual lunch and afternoon snacks daily.

**Late “pick-up” fee:** Closing is at 6:00pm, children must be picked up **no later than 5:55pm** to assure closing of the Center. A late **fee of \$1.00 per minute** will be charged beginning at 5:56pm. **(no exceptions)**

**Termination of Care:** If for any reason either party (parents/guardian or “I Can Do It” Learning Center) feels the need to terminate this agreement, a thirty day written notice must be given; unless noted incidents occur as outlined in the “Parent Handbook” (Discontinuation of Service). Therefore, the “I Can Do It” Learning Center reserves the right to terminate care immediately. If parents choose to terminate service and do not give a **thirty day written notice, tuition will continue to be charged. (No exceptions)**

**Fall School Program 2011-12 begins September 6<sup>th</sup> and ends June 14<sup>h</sup> -**

**Closures:**

\*Teacher Training Days will be in October and February

\*Teacher Workdays & Parent/Teacher Conferences will include 3 days in the fall and 3 days in the spring.

\*Thanksgiving Day and the day after, \* Christmas Break begins Dec. 23<sup>rd</sup> and school resumes on Jan. 2<sup>nd</sup>

\*Martin Luther King Day, \* President’s Day, \* Spring Break begins March 26<sup>th</sup> & school resumes on April 2<sup>nd</sup> \*Memorial Day

I have read and fully understand this **Registration/Tuition Agreement**, as well as, the “**Parent Handbook**” presented by the “I Can Do It” Learning Center and agree there to. I agree to pay in accordance with the Tuition Payment Option initialed above.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature printed: \_\_\_\_\_

**“I Can Do It” Learning Center  
Combo “Getting Acquainted”**

**Child’s Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Mother’s Name: \_\_\_\_\_  
Or Legal Guardian Name: \_\_\_\_\_

Previous school experience? Yes or no (please circle one)  
Has your child had any previous group experience? Yes or no (please circle one)  
Both parents living in child’s primary home? Yes or no  
Number of adults in home (other than parents)? \_\_\_\_\_  
Names and ages of siblings or other children living in primary home? \_\_\_\_\_  
\_\_\_\_\_

Child’s favorite play materials? \_\_\_\_\_  
Child’s favorite play activity? \_\_\_\_\_  
(outdoor, indoor, music, sports, stories, etc.)  
Any pets? \_\_\_\_\_  
Ages of playmates \_\_\_\_\_

**Does your child have allergies to any foods or anything else?** \_\_\_\_\_  
Has your child had any of the childhood diseases, such as chicken pox? Yes or no  
If so, which one? \_\_\_\_\_

Does your child have any particular fears or concerns? \_\_\_\_\_  
\_\_\_\_\_

What comforts your child? \_\_\_\_\_  
\_\_\_\_\_

Is your child self-sufficient regarding toileting skills? \_\_\_\_\_  
Is there anything your child’s teachers may need to know regarding toileting? \_\_\_\_\_

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Has your child ever been hospitalized? Yes or no  
Have you moved recently (or often) during your child’s lifetime? Yes or no  
Cultural habits/home issues that may affect your child’s behavior? \_\_\_\_\_

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Are there any other special concerns or problems that your child’s teachers should know? (separation anxiety, particular behaviors etc.) \_\_\_\_\_  
\_\_\_\_\_

What is your child’s favorite activity? \_\_\_\_\_  
\_\_\_\_\_

**Please note any family history you feel we should be aware of** \_\_\_\_\_

Please note any information you would like your child’s teacher to know \_\_\_\_\_

**“I CAN DO IT” LEARNING CENTER  
“Consent to participate in Class Activities”**

Name of child: \_\_\_\_\_

Consent is given for my child to participate as follows:

Please initial –

\_\_\_\_\_ - permission to participate in periodic “Neighborhood Walks”

\_\_\_\_\_ - permission to participate in any and all of the class activities, including supervised water play, as well as, use of any of the play equipment indoor and outdoor

\_\_\_\_\_ - I give permission to the “I Can Do It” Learning Center to apply sunscreen provided by myself, to my child, as needed.

The “I Can Do It” Learning Center will not be held responsible or liable for accidents, injuries, or other incidents arising therefrom. I agree to hold harmless the “I Can Do It” Learning Center, LLC, the teachers and their assistants from any and all legal actions regarding the above noted activities.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

**“Publicity Participation”**

I give permission for my child \_\_\_\_\_ to be photographed during school activities, for bulletin board projects and publicity purposes for the “I Can Do It” Learning Center.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

## “I Can Do It” Learning Center Emergency Contact Information

**Child’s Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

Parent or Guardian #1 Name: \_\_\_\_\_  
Home phone# \_\_\_\_\_ work phone# \_\_\_\_\_ cell # \_\_\_\_\_

Emergency contacts (to whom my child may be released if parent/guardian is unavailable)

Name #1  
\_\_\_\_\_ Home# \_\_\_\_\_ work# \_\_\_\_\_

Name #2  
\_\_\_\_\_ Home# \_\_\_\_\_ work# \_\_\_\_\_

Child’s usual source of medical care:  
Name: \_\_\_\_\_ phone# \_\_\_\_\_  
Address: \_\_\_\_\_

Child’s health insurance:  
Name of insurance plan: \_\_\_\_\_ ID# \_\_\_\_\_  
Subscriber’s name (on insurance card): \_\_\_\_\_



**Medical Information:**

Special conditions, disabilities, allergies, medications or medical information for emergency situations: \_\_\_\_\_  
\_\_\_\_\_

Transport arrangements in an emergency situation:  
Ambulance service: \_\_\_\_\_  
Child will be taken to: \_\_\_\_\_  
Parents/guardians are responsible for all emergency transportation charges.

Parent/Legal Guardian Consent and Agreement for Emergencies:  
As the parent/guardian, I give consent for my child to receive first aid by the “I Can Do It” Learning Center staff, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges. I give consent for the emergency contact person listed above to act on my behalf until I’m available.

Parent/Legal Guardian #1 \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian #2 \_\_\_\_\_ Date: \_\_\_\_\_