

# Learn As You Grow, Inc.

Early Childhood, Pre-Kindergarten,  
School Age and Camp Exploration Programs

Learn As You Grow  
Child Care Centers  
When Quality Matters

## Enrollment Information

### 6 Convenient Locations

Camillus A	3711 Milton Avenue	Camillus	487-4132
Camillus B	3711 Milton Avenue	Camillus	468-1491
Solvay/West	120 N. Orchard Road	Solvay	487-0821
Syracuse	158 Highland Avenue	Syracuse	474-5627
North	5684 South Bay Road	Cicero	458-4233
Cicero	8381 Elta Drive	Cicero	699-7189

Visit us on the web at [learnasyougrowccc.com](http://learnasyougrowccc.com)

**Learn As You Grow, Inc.**  
**Early Education Centers**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Contact Information Parent/Guardian/Responsible Person #1**

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Rev. 03/2022

Name and Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone/Home Numbers \_\_\_\_\_

Employer, Address and Work Phone Number \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

**Contact Information Parent/Guardian/ Responsible Person #2**

Name and Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone/Home Numbers \_\_\_\_\_

Employer, Address and Work Phone Number \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Person to notify when parent not available \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Do you have any custody and/or visitation paperwork issued by the courts that involve your child?  
\_\_\_\_\_ If yes, we must have a complete copy of this paperwork placed in your child's file. This will allow us to implement the court ordered information-outlining visitation, pick up, etc. If at any time the court ordered documents are updated, we must have the complete updated copy to put on file.

**Medical Information**

Any health/developmental considerations we need to be aware of? \_\_\_\_\_

(Any additional information we may need may be added to the back of this sheet)

Medication taken daily \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

For the health and safety of all children who attend Learn As You Grow Child Care programs, all children must maintain a NYS Health Department immunization schedule based on their age.

**Children with Special Needs** Learn As You Grow complies with the Americans With Disabilities Act (ADA) and will provide reasonable accommodations for children with disabilities. Learn As You Grow will make individual assessments regarding whether we can meet the individual needs of the child without fundamentally altering the program. Learn As You Grow will consult with parents/guardians and professionals who work with the child in other contexts. Learn As You Grow may exclude children with disabilities from the program if a direct threat to the health or safety of others or fundamental alterations of the program are required. If your child has an IEP (Individual Education Plan) a current and up to date copy must be reviewed by Learn As You Grow prior to acceptance into the program. If accepted, a current and up to date IEP must be on file at the center at all times. The information in the IEP will allow our staff to work towards the goals set forth in the IEP. Any changes to the IEP must be reviewed by Learn As You Grow prior to continuing services. It is your responsibility to keep the most current IEP on file at the center. The ADA does not require child care centers to provide lower staff/child ratios than those set forth by the NYS Office of Children and Family Services.

Does your child have an IEP (Individual Education Plan)? \_\_\_\_\_

If yes, a current and up to date copy must be reviewed by Learn As You Grow prior to acceptance into the program. If accepted, a current and up to day IEP must be on file at the center at all times. The information in the IEP will allow our staff to work towards the goals set forth in the IEP.

Has your child ever been enrolled in child care or in-home care? If so, where and for how long?

\_\_\_\_\_

Has your child ever been enrolled at any one of the six Learn As You Grow Child Care Centers?

\_\_\_\_\_ Yes Which location? \_\_\_\_\_

\_\_\_\_\_ No How did you hear about LAYG? \_\_\_\_\_

We thank you for enrolling your child in our school. Please feel free to speak with us at any time in regard to your child's educational needs.

Parent or Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

\$25.00 NON-REFUNDABLE REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION AND THE FIRST WEEKS TUITION (NON-REFUNDABLE) TO GUARANTEE A SLOT.

## Transportation Permission Form For Pick Up of Children

I authorize the following responsible people to pickup or drop off my child to the Learn As You Grow Early Education Centers. The people on my list will be asked to show their current photo drivers

license (or suitable photo identification). I understand that I may add or delete people from this list by submitting my request in writing to the Center Director.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

6. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Learn As You Grow, Inc.  
Early Education Centers  
Transportation Plan

**Provider Name:** Learn As You Grow, Inc.

**Program Name:** Highland (41889)  
Solvay (44240)  
North (113817)

Camillus (42630/45060)  
Cicero (308535)

**Effective Date of Transportation Plan:** Upon enrollment until termination of services.

This plan is designed to promote the safety of children and inform families of regulatory requirements regarding transportation. The parent will be asked to sign a separate Transportation Consent Form.

1. The program will obtain written consent from the parent(s) for any transportation of their child provided for, or arranged by a caregiver and will keep the transportation policy and the written parental consent on file at the program, and parents can be given a copy.
2. A child will never be left unattended in any motor vehicle or other form of transportation.
3. Every child will board or leave a vehicle from the curb side of the street.
4. Each child will be secured in safety belts as required by law.
5. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker.
6. The parent(s) will be provided a copy of this plan at enrollment. If the plan changes, the parent(s) will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hands-free devices, is prohibited. Necessary call will be made once the vehicle is parked in a legally permitted position off the road.
7. During the transportation of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.
8. Birnie Bus, First Student, and the local School District will provide transportation used by Learn As You Grow, Inc.

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Parent/Guardian Signature

Learn As You Grow  
Early Education Centers  
Crib to Cot to Mat Transition

The young infants sleep in their own individual crib as outlined in the Learn As You Grow Center Policies. Once the infants transition into the older infant room the children transition from cribs to cots. The infant cots are extremely low to the ground, which allows the children independence in getting on and off their cot. This transition also allows for plenty of space within the classroom for the infants to explore and play, as the cots stack neatly in the corner.

When the children are of age to transition into the toddler classroom they begin to rest on mats. Again, giving the exploring toddler ample space within the classroom.

Once the transition begins into the preschool rooms the children rest on mats. At this age the children are much more independent. They get their sheet and blanket and prepare their mat for rest.

Nap time in all age groups is a time for children to rest their bodies after a busy morning! Children are encouraged to read a book on their mat to begin to settle down. Staff will assist with rubbing backs, reading books, etc. The environments within the rooms are conducive to rest with soft music playing.

I have read and understand the Crib to Cot to Mat Transition. If I have any questions I will speak to the Director.

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Parent/Guardian Signature

Learn As You Grow  
Early Education Centers  
Daily Medications

One of the goals of Learn As You Grow Child Care Centers is to provide a safe and healthy environment for all the children enrolled in our program. This form will allow us to monitor the children for any side effects that may appear as a result of medication the children receive while not in our care. This also provides us with vital information in the event an emergency situation arises that may require outside medical care.

Please take a moment to read and complete this information then return it to the Center Director. Please be sure to inform your child's teacher if you administer any medications to your child.

Thank you in advance for assisting us in this matter.

My child, \_\_\_\_\_ does NOT receive any medications daily at home.

My child, \_\_\_\_\_ DOES receive the following medications at home (please include the name of the medication, dosage, time given and reason for this medication).

My child, \_\_\_\_\_ does NOT have any allergies.

My child, \_\_\_\_\_ DOES have allergies. (Please include documentation from your child's doctor)

I understand it is my responsibility to notify the center if my child is diagnosed with any allergies or if my child begins taking medications.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

**Learn As You Grow Early Education Centers  
Authorization For Medical Treatment**

<b>Names of Minors</b>	<b>Date of Birth</b>	<b>Identify Allergies/Special Conditions</b>


I/We being the parent(s) or legal guardian(s) of the above named minor(s) do hereby appoint:

<b>Name</b> Learn As You Grow	<b>Address</b>	<b>Phone</b>
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To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) during the period of my/our absence from:

	through	<b>Termination of child care services</b>
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This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

<b>Parent/Guardian</b>	<b>Parent/Guardian</b>
Signature	Signature
Address	Address
<b>Witness</b>	<b>Witness</b>
Signature	Signature
Address	Address

Hospitalization Coverage for Above Named Minor(s):

Name of Insurance Company or Government Program
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Family Physician

Name	Phone Number
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### Parent/Guardian Acknowledgement

These policies supersede any and all previous policies and have been written with specific intent. Any and all interpretations of these policies are governed by the consistent daily implementation of said policy.

Learn As You Grow is licensed through the New York State Office of Children and Family Services (315-423-1202) [www.OCFS.ny.gov](http://www.OCFS.ny.gov). We operate in compliance with OCFS Regulations, Learn As You Grow Policies and Best Practice. OCFS License, Regulations are posted and available at each location for your review. Please feel free to call the Center Director with any questions. Learn As You Grow (LAYG) reserves the right to modify center policies and tuition rates when necessary.

I acknowledge that I am in receipt of the revised Learn As You Grow Center Policies (revised 3/2022).

_____	_____
Parent/Guardian Signature	Date
_____	_____
Parent/Guardian Signature	Date
_____	_____
Director Signature	Date

**Learn As You Grow, Inc. Early Education Centers**  
**Early Childhood Education Tuition Contract**

Center \_\_\_\_\_ Today's Date \_\_\_\_\_  
Child(rens) Name \_\_\_\_\_ Weekly tuition \_\_\_\_\_

\_\_\_\_\_ Weekly tuition \_\_\_\_\_  
\_\_\_\_\_ Weekly tuition \_\_\_\_\_

**I. Agreement**

A. In consideration of the promise made by \_\_\_\_\_  
(parent(s)/guardian(s)/responsible party)

in paragraph 1.B below, Learn As You Grow (LAYG) Early Education Center promises that the center will provide child care services for the above named child(ren) for the period commencing \_\_\_\_\_ and ending upon 2 weeks written notice to the Center Director at the above stated weekly tuition installment rate.

**\*NOTE:** Rates may change at any time with a 4 week notice.

B1. In consideration of the promise made in paragraph 1.A above, I/we as the responsible parties for the above named child(ren) agree to pay the weekly tuition installments of \$ \_\_\_\_\_ weekly. I understand and agree that the first week’s tuition and registration fee are due upon completion of this registration packet. I understand and agree that my tuition payments will be prepaid on a weekly basis. I will be using the child care center between the hours of \_\_\_\_\_ and on the following days \_\_\_\_\_.

For Department of Social Service Clients: the responsible parties for the above named child(ren) agree to pay the weekly parent fee/family share, as outlined on the most current Department of Social Services Authorization notice. The responsible parties understand and agree that the Department of Social Services will pay only for hours and days outlined on the most current Authorization notice. Any additional hours/days provided outside the scope of the DSS Authorization notice must be privately contracted with Learn As You Grow in advance of service.

C. I also agree to pay a \$25.00 registration fee per family and understand that this fee is non-refundable. I also understand that my tuition payment, which will be applied towards my first week of child care, is non-refundable in the event I choose not to enroll/begin my child at Learn As You Grow.

D. All registration and child care fees are to be paid to Learn As You Grow by check or money order. No cash payments will be accepted. Learn As You Grow does not accept starter checks or any checks that are not drawn on a local bank.

**II. Payment of Tuition**

The following terms and conditions are also agreed to by Learn As You Grow and the above named responsible parties.

**A.** This is a tuition contract, which represents the purchase of a child care slot. The parent(s)/guardians(s) and/or other responsible parties agree to pay the amounts specified in this contract regardless of the child’s attendance on any particular day/days for which he/she is enrolled, including absences, holidays and snow days when the center is not opened.

**B.** Learn As You Grow is a pre payment service provider. Payments are to be made on Friday prior to the week of service.

**C.** There will be a \$25.00 late fee charged to the family account if payment has not been received by Wednesday morning of the current week of care.

**D.** Any account that is charged a late fee is considered past due. Past due accounts, including current weeks tuition and late fees, must be paid in the form of a money order for child care services to continue.

- E. The following weeks tuition will also be required to be paid in the form of a money order, due to the past due status.
- F. Any past due account that has not been brought current by Friday morning of the end of that week of care will result in suspension of child care services.
- G. Tuition charges will continue to be applied to your account during suspension as per this contract.
- H. There will be a fee for each returned check, which will be the maximum amount allowed by law.
- I. In the event a client issues a check with non-sufficient funds, the check must be replaced in the form of a money order.
- J. Learn As You Grow reserves the right to require all future tuition payments to be made in the form of a money order.
- K. In the event Learn As You Grow finds it necessary to forward your account to our collection agency, you will be responsible for all collection costs and court expenses.

### **III. Termination of Child Care Services**

The center will terminate services to the parent(s)/guardian(s) if any of the following occur:

- A. An account is in arrears by one (1) week. (As per section II B and II D.)
- B. Learn As You Grow Inc. reserves the right to terminate this contract and services at any time.

### **IV. Leaving The Program**

In the event that the parent(s)/guardian(s) decide to withdraw their child(ren) from the center, it is understood that the parent(s)/guardian(s) can obtain a release from the obligations of this tuition contract by giving the center director written notice on the LAYG Withdrawal Form of that decision 2 weeks prior to the date of the child(ren) withdrawal from the center and by paying any and all weekly tuition installments, including the 2 weeks notice.

**Notice of Nondiscriminatory Policy:** All children of any race, color, national and ethnic origin are entitled to all the rights accorded or made available to children at the center. We do not discriminate on the basis of race, color, national or ethnic origin in administration of our educational policies, admissions policy, and other center administered programs.

This policy has been written with specific intent. Any and all interpretation of this policy is governed by the consistent daily implementation of said policy. All of the above said will be the guideline for policy interpretation.

### **Signatures**

The above written agreement specifying the fee, manner of payment, and services to be provided must be signed by both parent(s)/guardian(s), persons having legal custody of each child or

any individual agreeing to take financial responsibility of said payments and a representative of the LAYG Early Education Center.

I/we, the undersigned, hereby affirm our intention to be bound by the provisions contained in this tuition contract.

Signatures of all responsible parties are required, as all parties will be held jointly/separately responsible.

_____ Parent/Guardian Signature	_____ date
_____ Parent/Guardian Signature	_____ date
_____ Responsible Persons Signature	_____ date
_____ Directors Signature	_____ date

This institution is an equal opportunity provider.