

Lakeland's Little Learners  
240 E Commerce Ct Elkhorn, WI 53121

Dear Wrap-Around Families:

Welcome to Lakeland's Little Learners! Enclosed you will find enrollment materials for your school-age student. These forms are required by the Department of Children and Families. Immunization records must be submitted within 30 days of attendance. Immunization records may be downloaded from the [Wisconsin Immunization Registry](#).

Once you finish the enrollment packet it may be dropped off at our administrative office located on Commerce Court. Alternatively, it may be emailed to [info@lakelandslittlelearners.com](mailto:info@lakelandslittlelearners.com) or faxed to (262)723-8381. A registration fee of \$40 per family is also due at the time of enrollment. Forms of payment are check or cash. If you would like to pay online, click [here](#) for instructions on how to use MyProcure.com to make a payment. If you would like to sign up for ACH withdraws please complete [this form](#) and hand it in.

We look forward to meeting you and your student and working together. If you have any questions about enrollment, please feel free to contact the administrative office at (262)723-8391.

Sincerely,  
Tami Adams  
Administrator

(262)723-8391

(262)723-8381 (fax)

[info@lakelandslittlelearners.com](mailto:info@lakelandslittlelearners.com)

[www.lakelandslittlelearners.com](http://www.lakelandslittlelearners.com)

### CHILD CARE ENROLLMENT

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

**CHILD INFORMATION**

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
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**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.

Yes  No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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**PHYSICIAN OR MEDICAL FACILITY**

Name	Address (Street, City, State, Zip Code)	Telephone Number
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**AUTHORIZATIONS**

- Yes  No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- Yes  No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- Yes  No I give permission for my child to participate in  Transported  Walking field trips and other activities during operating hours.
- Yes  No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian	Date Signed
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### HEALTH HISTORY AND EMERGENCY CARE PLAN

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

**CHILD INFORMATION**

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

**PARENT / GUARDIAN INFORMATION** Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Name – Physician	Address – Medical Facility	Telephone Number
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**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.
 

<input type="checkbox"/> No specific medical condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy / seizure disorder	<input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
<input type="checkbox"/> Cerebral palsy / motor disorder	<input type="checkbox"/> Other condition(s) requiring special care – Specify.	
  
- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).
  
- Non-food allergies – Specify.

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2. Triggers that may cause problems – Specify.

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3. Signs or symptoms to watch for – Specify.

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4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

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5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

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6. When to call parents regarding symptoms or failure to respond to treatment.

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7. When to consider that the condition requires emergency medical care or reassessment.

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8. Additional information that may be helpful to the child care provider.

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**SIGNATURE** – Parent or Guardian

Date Signed (mm/dd/yyyy)

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**Review dates:** \_\_\_\_\_

## STUDENT IMMUNIZATION RECORD

**Instructions to Parent:** Complete and return to school within **30 days after admission**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

<b>Step 1 Personal Data</b>		<b>Please Print</b>			
Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, ZIP Code)		Phone Number	

<b>Step 2 Immunization History</b>					
List the <b>month, day, and year</b> your child received each of the following immunizations. If you do not have an immunization record for this student, contact your doctor or public health department to obtain it. You may also use the Wisconsin Immunization Registry: <a href="https://www.dhfs.wisconsin.gov/immunization/registries/registry">https://www.dhfs.wisconsin.gov/immunization/registries/registry</a>					
Type of Vaccine*	First Dose MM/DD/YYYY	Second Dose MM/DD/YYYY	Third Dose MM/DD/YYYY	Fourth Dose MM/DD/YYYY	Fifth Dose MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine					
Meningococcal (serogroup ACWY)					
Students with a reliable history of varicella disease are not required to receive the varicella vaccine. Signature from physician, physician assistant, or advanced nurse prescriber required. <input type="checkbox"/> I attest that this student has a reliable history of varicella disease,			Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? Check all that apply. <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If <b>yes</b> , provide laboratory report(s)		
_____ <b>SIGNATURE</b> – Health Care Provider      Date Signed					

<b>Step 3 Requirements</b>
Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

<b>Step 4 Compliance Data</b>
<p><b>Student Meets All Requirements</b>                  Sign at Step 5 and return this form to school.                  _____ Or _____</p> <p><b>Student Does Not Meet All Requirements</b>                  Check the appropriate box below, sign at Step 5, and return this form to school. <b>Please note that incompletely immunized students may be excluded from school if an outbreak of one of these diseases occurs.</b></p> <p><input type="checkbox"/> Although my child has <b>not</b> received <b>all</b> the required doses of vaccine, the <b>first dose(s)</b> has/have been received. I understand that the <b>second dose(s)</b> must be received by the 90th school day after admission to school this year, and that the <b>third dose(s)</b> and <b>fourth dose(s)</b> if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.</p> <p><b>Note: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.</b></p> <p><b>Waivers</b> (List in Step 2 above, the date(s) of any immunizations your child has already received)</p> <p><input type="checkbox"/> <b>For health reasons</b> this student should not receive the following immunizations _____</p> <p>_____      _____  <b>SIGNATURE</b> – Physician      Date Signed</p> <p><input type="checkbox"/> <b>For religious reasons</b>, I have chosen not to vaccinate this student with the following immunizations (check all that apply)  <input type="checkbox"/> DTaP/DTP/DT/Td   <input type="checkbox"/> Tdap,   <input type="checkbox"/> Polio   <input type="checkbox"/> Hepatitis B   <input type="checkbox"/> MMR (Measles, Mumps, Rubella)   <input type="checkbox"/> Varicella   <input type="checkbox"/> MenACWY</p> <p><input type="checkbox"/> <b>For personal conviction reasons</b>, I have chosen not to vaccinate this student with the following immunizations (check all that apply)  <input type="checkbox"/> DTaP/DTP/DT/Td   <input type="checkbox"/> Tdap   <input type="checkbox"/> Polio   <input type="checkbox"/> Hepatitis B   <input type="checkbox"/> MMR (Measles, Mumps, Rubella)   <input type="checkbox"/> Varicella   <input type="checkbox"/> MenACWY</p>

<b>Step 5 Signature</b>
This form is complete and accurate to the best of my knowledge. Check one: (I <input type="checkbox"/> do <input type="checkbox"/> I do not <input type="checkbox"/> ) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.
_____      _____ <b>SIGNATURE</b> - Parent/Guardian/Legal Custodian or Adult Student      Date Signed

## ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

**Use of form:** This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

### ARRIVAL INSTRUCTIONS

My child \_\_\_\_\_  
(Child's name)

will arrive at Lakeland's Little Learners  
(Name of center)

from \_\_\_\_\_  
(School, home or other activity)

by way of \_\_\_\_\_  
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

at \_\_\_\_\_  A.M. OR  P.M.  
(Time of arrival)

on  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
(Days of the week)

My child will arrive from this destination  with OR  without center supervision.

### RELEASE INSTRUCTIONS

My child \_\_\_\_\_  
(Child's name)

will leave Lakeland's Little Learners  
(Name of center)

by way of \_\_\_\_\_  
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

to go to \_\_\_\_\_  
(School, home or other activity)

at \_\_\_\_\_  A.M. OR  P.M.  
(Time of departure)

on  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
(Days of the week)

My child will travel to this destination  with OR  without center supervision.

### ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)

*Lakeland's Little Learners  
Elkhorn, Wisconsin*

**Directory Data Notice**

Pursuant to the Family Education Right and Privacy Act and State Statute 118.123 (1)(d), any parent or guardian may inform Lakeland's Little Learners of their desire that directory data, including photographs and videotapes not be used. The most recent form filed for a student shall remain in effect until a new form is filed. You do not need to file a new form each year. Please check one option below. In accordance with state law, you have fourteen days within which to complete this form and return it to school. Failure to complete and return this form to the school within fourteen days will result in Lakeland's Little Learners NOT WITHHOLDING directory data regarding your child.

Directory data includes, but is not limited to: pupil's name, participation in officially recognized activities, photographs (including video tapes and other reproductions), and awards received. Photographs may be used for [www.lakelandlittlelearners.com](http://www.lakelandlittlelearners.com), Facebook, newspaper articles, etc. Directory data shall be considered public information and may be released, unless the parent or guardian informs Lakeland's Little Learners in writing by completing the Directory Data Notice form.

In the course of the school year, students are occasionally videotaped, photographed, or their names are placed in various publications, including postings on internet web pages. The resulting photo, videotape or student's published name may be used in a variety of ways: to promote the school, or specific programs to the community, to instruct students or staff members, or, to orient new parents, staff, and students. The final product could also take a variety of forms: photo displays, slide/Power Point presentations, newspaper articles, pamphlets, video programs, or internet web pages.

On occasion there is media coverage or perchance recordings of school events and activities by outside journalists, students, or other non-district personnel beyond the control of the school. Media coverage may involve, but is not necessarily limited to: voice recordings, still photographs, videotaping or public disclosure of directory data such as the student's name. Even with the consent of the parent/guardian, media coverage of events, activities or issues in school or on school property is allowed only with the permission of the building administrator and only if it does not disrupt or hinder student instruction or other activities.

Please Print

Student's Name \_\_\_\_\_

YES – Please withhold directory data.

NO – Please do not withhold directory data.

Parent/Guardian's Name \_\_\_\_\_

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

Date Signed \_\_\_\_\_

### Enrollment Agreement

I understand that my child(ren) is enrolled at Lakeland's Little Learners and/or Wrap Around Program. The scheduled date to begin is \_\_\_\_\_ (date/time). If for any reason I choose not to start on the above date, I must give **two weeks written notice** or I will be charged for two weeks of care for my child(ren). I also agree that if I decide to withdraw my child(ren), I will give two weeks written notice or be billed for the equivalent hours. I also agree to pay promptly, every "Fee Friday" for the upcoming two weeks tuition, based on my contracted hours and any additional requested time. In enrolling, I signify that I have read and agree to the Operating Policies and Fee Schedule, and all fees associated with that schedule including, but not limited to: Registration, Fees for Service, Early Drop-Off/Late Pick-Up, Late Payment, Drop-In/Schedule Change, Failure to Sign-In or Out on the proper sheet, and a 2 week's Written Notice Before Termination of Fees.

Parent/Guardian's Name

\_\_\_\_\_  
First Name Middle Initial Last Name

Driver's License # \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian's Name

\_\_\_\_\_  
First Name Middle Initial Last Name

Driver's License # \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Parent's Receiving Assistance Agreement to Pay Fees

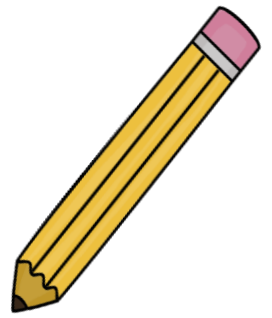
I understand that it is my responsibility to cover all fees charged to me by Lakeland's Little Learners for child care for my child(ren). When there is a written agreement from a government assistance program to cover a portion of my child(ren)'s tuition, I understand that it is **my responsibility to pay my portion on or before the fee Friday for the upcoming two week's that are being billed**. I also understand that if assistance is not received for any reason, I am ultimately responsible for my child(ren)'s **entire bill within two week's of written notice** from Lakeland's Little Learners. Government assistance programs generally do not cover hours scheduled outside the agreed upon schedule or any additional cost such as late fees. I understand that I am responsible for all of these additional costs. If I do not stay current, I understand that my child(ren) will be dropped from the enrollment in the program until the bill is paid in full. If a spot is available for my child(ren) at that point, I may re-enroll if fees are paid for the upcoming two weeks, in full.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Child(ren)'s Name(s) \_\_\_\_\_



# Family Questionnaire



Child's name

Date of birth

Nickname

Parent(s) name(s)

Daytime phone number

Evening phone number

Email

The best way to contact me is by:

What are your child's strengths?

Please list any goals that you have for your child this year.

What special interests, sport activities, and/or hobbies does your child have?

Please list any food/product allergies your child has:

Would you like us to incorporate any family traditions/cultures into our program? Would you be willing to come into the classroom to share this information?

Would you be interested in helping with small groups/reading in the classroom?

Is there any additional information you would like to share that would make your child's time here a positive experience?

Please tell us about your family make up. (Who lives in your household? Are there 2 households? Share about your family (travels, pets, other important people...))

Newsletters are emailed. If you do not have an email, please contact your child's teacher if you would like a printed copy. Is a second copy needed for another household?

If English is not your primary language, are you able to read and communicate in English?