



# Willard Community Center Early Childhood Program

Full-time & Part-time Preschool and Pre-k  
2021-2022 School Year Enrollment Form

**New Family Fee:**  I have included the registration fee with paperwork \$30  Fee will be paid by \_\_\_\_\_ (child cannot start until this fee is paid)  
**Full-Time Program** (open 6:30 AM - 5:30 PM Monday-Friday):  \$149 per week  
**Part-Time Program** (9:00-11:30 Monday-Friday- not attending LPS program):  \$213 per month  
**Part-Time Program** (my child will also attend part-time school through LPS):  \$213 per month Morning session  \$213 per month Afternoon session  
I receive child care subsidy:  I understand I am responsible for the registration fee, and Willard must receive my child's subsidy authorization before starting.

## STUDENT INFORMATION:

Student's Name \_\_\_\_\_  
Name your child goes by: \_\_\_\_\_  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's Home Address \_\_\_\_\_ Zip code \_\_\_\_\_  
When did your child first enroll in a Willard program? \_\_\_\_\_  
How did you hear about Willard?  School  Friend /Family  Advertisement  Other: \_\_\_\_\_

### ETHNICITY:

- African American
- Asian
- Caucasian (White)
- Hispanic/Latino
- Middle Eastern
- Native American
- Other: \_\_\_\_\_

### STATISTICAL INFO:

- My child qualifies for free/reduced lunch  
 Yes  No
- My child is an English Language Learner  
 Yes  No
- Native language, if yes: \_\_\_\_\_
- My child receives SPED services during the school year  
 Yes  No

## GUARDIAN INFORMATION:

**PARENTAL STATUS:**  Married/long term partner  Single  Divorced/Separated  Widowed  Other: \_\_\_\_\_  
**CUSTODIAL & LEGAL GUARDIAN:**  Mother  Father  Both  Other: \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ May we email you?  Yes  No

**Father/Guardian:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip \_\_\_\_\_ Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ May we email you?  Yes  No

## AUTHORIZED PERSONS TO PICK UP CHILD:

(A form of picture identification will need to be presented to the staff upon pick up, matching the information you have provided.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

If neither parent/guardian can be reached in an EMERGENCY, please call: (At least one emergency contact is REQUIRED)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_



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

Child's Age: \_\_\_\_\_

**HEALTH INFORMATION:**

Does your child have any health or medical issues/allergies or other concerns that we need to be aware of?  
\_\_\_\_\_

Will your child require any medication during Willard hours? \_\_\_\_\_

**Parent/Guardian Medication Administration Permission:**

According to Nebraska State Licensing Standards, prescription and over the counter medications can be given at the Center when brought in the original container and clearly labeled with the child's name, name of the medication, and the directions for administering the dosage. I understand that Willard Administration has the responsibility to assess staff's ability to safely give or apply medication.

I \_\_\_\_\_, have determined that Willard Community Center staff is competent to give or apply medications and first aid products to my child, \_\_\_\_\_

Medications:  Yes  No First Aid:  Yes  No

**REQUIRED PERMISSIONS:**

**By signing this, I agree to the following (please circle each answer)**

Yes No I permit my child to be enrolled in the Willard Community Center programs.

Yes No I give the Willard Community staff permission to use any photographs, live streaming, writings, artwork, etc., for use on the Willard Community Center's social media platforms, promotional materials, presentation/documentary purposes, etc.

Yes No I consent to my child's transportation by any means of transportation deemed appropriate for Willard Community Center programming participation. Car/booster seats will be provided as required by licensing regulations.

Yes No When the parent/guardian/emergency contact cannot be reached in an emergency, the staff has permission to call the family doctor/health service. Permission is now granted for another physician to give emergency care if the child's physician can not be reached.

Dotcor/Health Service Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Yes No I understand that if necessary, Willard staff will transport my child to the nearest emergency facility. If NO, I want my child transported to: \_\_\_\_\_

Yes No I give permission for the Willard Community Center staff to help my child apply program-provided sunscreen with a 30 SPF or higher to my child as needed. If NO, I have provided the following type/brand for Willard staff to use on my child with my child's name on it: \_\_\_\_\_

Yes No I understand that Willard Community Center does not carry health and accident insurance for my child. As a parent/guardian, I will be primarily responsible for an injury where bills are incurred.

Yes No I have received and read a Parent Handbook and Parent Information Brochure (can be found on our website [www.willardcommunitycenter.org](http://www.willardcommunitycenter.org) if needed).

Yes No I understand that I am financially responsible for all charges and that I am liable for all legal fees.

Yes No I understand that I will be charged a late fee to be paid in cash if I do not pick up my child by closing (5:30 PM for the early childhood programs).



Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_





# Willard Community Center Early Childhood Programs

## 2021-2022 School Year Parent Payment Contract

**Child registration is not complete, and your child will not have a secure spot until your contract is turned in.**

This contract is made between the parent(s)/guardian(s):

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Name of parent(s)/Guardian(s) who will be responsible for paying any child care fees associated with the summer program

The contract is for the care of the following children (only one per family is required):

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Child's name and date of birth

-----  
Child's name and date of birth

-----  
Child's name and date of birth

I understand it is my responsibility to pay the monthly fee by the first of each month or set up alternate payment dates with the Program Director.

I understand that it is my responsibility to pay the non-refundable family fee of \$30 per family before my child can begin the program.

I receive **state subsidy** and understand that Willard must receive my child's authorization before my child can begin. I understand that it is my responsibility to pay the one-time non-refundable family fee of \$30 per family before my child can begin. Willard Community Center and the State of Nebraska do not have this contracted; therefore, each family's responsibility is to pay this fee.

**Willard's Provider number: 33669472**

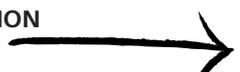
Family fees must be paid by the 1st of the month. If you pay a separate provider your family fee, a letter from the other provider stating the family fee is paid to them is required.

Payment amounts may change at the beginning of the year, and any changes will be given to the parents in writing no less than 30 days before they will go into effect.

### **Late Payment Policy:**

Delinquent accounts will be provided notice of deficiency. Accounts remaining delinquent more than four weeks without Executive Director (or Board approval as required) will be turned over to collections at the Board of Director's discretion. In recognition of our organization's mission, the Board of Directors has authorized the Executive Director or her appointee to approve individualized payment plans for families in rare instances of financial distress or emergencies. Any family may request a temporary exception to the policy in writing, which should detail the reason(s) for the exception and the proposed payment plan. The Executive Director or appointee may only approve deviations up to a maximum of and total of \$500.00 carrying balance per family. All families with a balance at the end of the month will be reported to the Board of Directors. Any family exceeding \$500.00 will require the Board of Director's written approval. Accounts remaining unsettled will receive monthly notification of delinquency. Delinquent accounts appearing uncollectable may be turned over to collections, resulting in additional legal and financial consequences.

PLEASE CONTINUE TO PAGE 2 INFORMATION



**Child Care Termination:**

The Board of Directors authorizes the Executive Director to refuse services to any child due to delinquency of the account that is not in compliance with this policy. It is the family’s responsibility to request any deviation from the formal payment policy of Willard.

**Late Fees:**

If a parent is late picking up the child, every effort must be made to contact the provider. Late fees must be paid in cash to the staff that day. Willard Community Center staff may deny care until payment is received. The late pick-up fee schedule is listed below.

**School-Age**

6:00-6:05 \$5.00 per child

Between 6:05 to 6:15 \$10.00

Between 6:15 to 6:30 \$15.00

Between 6:30 to 6:45 \$20.00

Between 6:45 to 7:00 \$25.00

At 7:00 PM, the Lincoln Police will be notified.

Our license ends at 6:00 PM; staying late with a child would put us in violation of our license agreement with the State of Nebraska.

All payments can be made on-site via check, cash, or money order (change will not be available for any cash payments). Card payments can be made by going to our website [www.willardcommunitycenter.org](http://www.willardcommunitycenter.org) and using the secure PayPal check out. We also accept Venmo payments @willardcommunity-center.

**Signatures:**

The signature(s) below indicate agreement with this contract and the written policy in the Center's Parent Handbook. The parent(s) agree to pay for the child’s fees on time and agree to the terms and payment of late fees. The provider may change policies as needed with the advance of written notice.



Parent signature & date: \_\_\_\_\_



Parent signature & date: \_\_\_\_\_

Willard Staff signature & date: \_\_\_\_\_

Please let the Program Director know if you would like a copy of your signed contract, and one will be mailed to you.