

First Day Checklist

Child's Confidential File

- ___ 1. Immunization Record
- ___ 2. Annual Physical Exam
- ___ 3. Emergency Card
- ___ 4. Registration Form
- ___ 5. Parent Sign-off
- ___ 6. Day Care Assistance Contract (Unless Self-Pay)
- ___ 7. Orientation

****All paperwork must be current at the time of enrollment and kept current as needed***

Child Will Also Require:

- ___ 1. Indoor Shoes (Sneakers)
- ___ 2. Outdoor Shoes (Summer: Sneakers/Winter: Snow Boots)
- ___ 3. Outdoor Jacket
(Summer: Light Jacket/Winter: Winter Gears- Snow pants, hat and mittens)
- ___ 4. Blanket and Child size Pillow (it should be fixed in its cubby)
- ___ 5. One pair of extra clothes (top, bottom, underwear, and socks)

For Infant and Toddler (in addition)

- ___ 1. Diaper
- ___ 2. Wet, wipes, lotion, powder, etc.
(must have form signed from office)
- ___ 3. Two pairs of extra clothes

Please Label All Personal Belongings With Permanent Marker.

Northern Lights Preschool & Child Care
Phone: 907) 274-2040 Fax 907) 277-3470
703 W Northern Lights Blvd #200 Anchorage AK 99503 (www.nlpkak.com)

Registration Form

Section I

Child's Information

Name _____ Age _____ Gender: M F
Birth date _____ SS# _____ Place of Birth _____
Child's Primary Language _____ 2nd Language _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____
Preschool or Child Care facility last attended _____

Section II

Family Information

Father/Guardian Name _____	Mother/Guardian Name _____
SS # _____	SS # _____
ID#(ADL) _____	ID#(ADL) _____
Employer _____	Employer _____
Position _____	Position _____
Business Phone _____	Business Phone _____
Siblings: Name _____ Age _____	Name _____ Age _____
Name _____ Age _____	Name _____ Age _____
Emergency Contact: Name _____	Phone# _____
Relationship _____	

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Section III

General Information and Billing Agreement

Food Allergies _____

What time do you expect to arrive at the school in the morning and at what time in the afternoon do you expect to pick up your child or children?

A.M. _____

P.M. _____

Days my child will be attending (please circle):

Monday Tuesday Wednesday Thursday Friday Saturday (separate)

I understand that my cost will be \$_____ per month and I will be billed even if my child is not in attendance unless I have given written vacation notice to the office. I also understand that if care is needed for additional days. I must check with the office to see if a slot is open and I will be charged for the additional days.

I understand and have read all parent policies and procedures inclusive of billing procedure. I understand that nay and all payment outstanding is my responsibility to reconcile and I also understand that it is my responsibility to provide a current authorization as needed by each 5th day of the month (applies to DCA/Jobs/Citc/DFYS, etc.). I also understand that I need to check at the beginning of each month to make sure that the center has my most current information in case of emergencies.

_____ Date _____
Signature of Father/Guardian

_____ Date _____
Signature of Mother/ Guardian

Permission Slip for Pictures

- I give permission for Northern Lights Preschool to take pictures of my child during normal classroom sitting, formal picture day, artwork on the NLPS Website, and for year book if applies.

Child's Name _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date: _____

- I do not want my child's picture taken or shared with any one or taken during formal picture taking.

Child's Name _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date: _____

- My child _____ has permission to have pictures taken during formal sitting only.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date: _____

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Child Physical Examination Form

Student name	Birth date
School	
Parent	
Address	Home Phone#
Parent Present at Examination	

Physical Examination required by Municipal Ordinance 16.55.090 Children's Care Center.

Item	Results
1. eye disease	height
2. ear disease	Weight
3. nose and throat	vision
4. mouth	color vision
5. teeth	routine medication:
6. lymph node	
7. heart	
8. lungs	
9. abdomen-hernia	
10. genitals	Comments:
11. orthopedic	
12. nervous system	
13. skin	
14. nutrition	
15. endocrine	
16. other/positive findings	
17. Please Attach SHOT RECORD	

Able to participate in usual group activities? YES or NO
 Date of Exam _____ Signed _____

*Please have form stamped w/ Physician's Office Stamp

Parents: Please sign and date this page and
return it to the school

Parent/Guardian Sign Off

I have read and received a copy of the parent policy brochure of Northern Lights Preschool & Child Care Center.

I understand and agree to all of NLPS & CC policies and billing procedures.

Child's Name _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date: _____

Late Fees and Reimbursement

Tuitions past the 5th business day of the month are subject to a late fee. Returned checks(\$25 charged) are subject to late fee also. We will deduct a 2% service charge on tuition refund if the payment was made thru credit card. Children left past 7:30 pm are charged 2.00 dollar per minute and needs to be paid with cash on next business day.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Child's DOB _____

Parent/Guardian Information

Mother/Guardian

Name _____

Work Phone _____ Work Place _____

Home Phone _____

Cell Phone _____

Father/Guardian

Name _____

Work Phone _____ Work Place _____

Home Phone _____

Cell Phone _____

Billing Agreement

Monthly

My child is enrolled on a monthly rate which costs \$_____. I understand that this amount must be paid by the 5th business day of the month. I further understand that additional charges will be added for extra hours that were not indicated on this agreement or that exceeds our center hours.

Daily Schedule

My child is enrolled on a daily basis of: (Please circle one)

Full Time (5 up to 10 hours)

Part Time (less than 5 hours)

I understand that by enrolling my child for part-time, it means that my child will not attend the center for more than 5 hours a day. However, if the time my child is at the center exceeds 5 hours per day. I understand that I will be charged for the full day's rate for that day.

Approximate Time of Arrival _____

Approximate Time of Departure _____

Days that my child will be at the center: (Please Circle)

Monday Tuesday Wednesday Thursday Friday Saturday

I understand that my cost will be \$_____ per day and I will be billed even if my child is not in attendance on these days that I have indicated above. I agree that my child will not attend the center for days and hours that are not indicated on this sheet. I understand that if care is needed for additional days. I must check to see if a slot is opened and will be charged for that day in addition. We allow the 5 days a week Monday to Friday. Saturday is separate care for attendance. Please ask to for Saturday care.

DCA/JOBS etc...

My child is enrolled on _____ Program. I understand that it is my responsibility to provide a current authorization as needed. I also understand that I need to check at the beginning of each month to make sure the center has my most current authorization. I further understand that charges, which are my responsibility, are due on the 5th business day of the month.

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Effective October 1, 2017

Toddler	Full Day	Half Day	(FT/PT) Drop In
5 Day	850	650	60 / 50
4 Day	750	550	60 / 50
3 Day	650	500	60 / 50

Preschool Age	Full Day	Half Day	(FT/PT) Drop In
5 Day	700	550	50/40
4 Day	600	500	50/40
3 Day	500	450	50/40

School Age	Full Day	Half Day	(FT/PT) Drop In
5 Day	745	550summer/420a,p/375a/390p	50/40
4 Day	645	500summer/400a,p/355a/370p	50/40
3 Day	545	450summer/380a,p/335a/350p	50/40

Toddler: 15 months thru 35 months Preschool Age: 36 months thru 4 years School Age: 5 years thru 12 years

*** No Children can be dropped off after 10:00 a.m.**

Nap Time is 12:30 ~ 2:00 pm

Other Fees

Registration Fee of \$75.00 is annual and due every September.

Late Pick up Fee is \$2 per minute per child over 10 hour limit.

Add \$200 per month if over 10 hour care is needed.

Late Tuition Fee will be charged after the 5th day \$50 late fee and after the 22nd a \$100 late fee will be applied.

NSF Fee for returned checks is \$25 and all NSF check and fees to be paid in cash.

Withdrawal

Two weeks written notice is required for withdrawal of your child from our program.

From the date of receiving such notice, our center will charge tuition fees up to the date of withdrawal. All tuitions are non-refundable. If child has been absent over five days without notice we remove them from our attendance list.

Daycare Assistance and Other Tuition Fees/Subsidies

We accept Day Care assistance and other subsidy programs; however the family is responsible for processing all documentation, and for prompt payment of all tuition and fees by the 5th day of the month. Contracts are due on the first of month if you are on a subsidized program.

- **Drop – in Students must call before coming in to check space availability.**
- **Half day rate is for up to 5 hours per day, overtime rate is charged after 5 hours .**
 - **PT Morning : 6:30-12:00** ***You may not pick part time hours between 12:00-2:00**
 - **PT Afternoon: 2:00-7:30** *** Saturday care is separate to regular from Monday to Friday**
- **Full day is 5 hours up to 10 hours per day, over 10 hours charged at late pick up fee.**

Parents' Signature _____

Date _____

Hours of Operation: Monday –Friday 6:30a.m - 7:30p.m. Saturday 6:30 a.m-7:30 p.m.

School Hours

Our school is open from 6:30am -7:30 pm, M-F and 6:30am-7:30 pm Sat.

If you pick your child up after 7:30pm (M-Sat) you are going to be charged

\$2.00 per minute per child every min. that you are late. Saturday charge

separate attendance(please ask to Saturday care).

Even if you have arranged for someone else to pick up your child and they are

late, you as the parents are required to pay for this late fee. The late fee

must be **paid in cash** by before the close of the next day, and if it is not then

your child will not be able to attend until the balance is paid for.

If you have questions please feel free to ask.

Fees apply to children exceeding **10 hour limit for the day**. If you need extra


hours \$200 fee applies a month.

Thank you!

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	<p>Child & Adult Care Food Program</p> <p>Child Enrollment Form</p>	<p>State of Alaska Teaching and Learning Support Child Nutrition Programs (907) 465-8711 (907) 465-8910</p>
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Institution Name: _____ Agreement Number: _____

Facility/Provider Name: _____

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent/guardian. Please use the guides below the table to complete and sign and date the form below.

Child's First Name	Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W TH F Sat Sun	B AM L PM S LPM

Guide:

Normal hours of care: Insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.

Normal days of care: Circle the days of the week the participant(s) are usually in attendance at the facility.

(M=Monday; T=Tuesday; W=Wednesday; TH=Thursday; F=Friday; Sat=Saturday; Sun=Sunday)

Meals Normally Eaten: Circle the meals the participant(s) usually eat at the facility.

(B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____ City: _____ Zip Code: _____

Home Telephone Number () _____ Work Telephone Number: () _____

<p>For Facility/Provider Use Only: Signature of Facility Representative/Provider: _____ Date: _____ Date the participant withdrew: _____</p>

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.aser.usda.gov/complaint_filing_cust.html), found online at http://www.aser.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7412 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800)845-6136 (Spanish)

Days that Northern Lights Preschool & Child Care
will be closed:

New Year's Eve

New Year's Day

Martin Luther King Jr. Day

President's Day

Good Friday

Memorial Day

July 4th

Labor Day

Veteran's Day

Thanksgiving Day and the Friday after

Christmas Eve/ Christmas Day

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442: or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

NORTHERNLIGHTS PRESCHOOL & CHILDCARE BUILDING EVACUATION PLAN

Administrator and associate administrator will take students' emergency cards that are compiled in a black binder from the office. Teachers will take their own copy of students' emergency cards and first aid kit and line students up by their classroom door. Teachers and assistant teachers will take their children to their evacuation site as described in the order below. When the class reaches the evacuation site the teachers and assistant teachers need to count again the number of students to ensure that everyone made it out safely.

1. **Green, Yellow, Rainbow rooms, and Office Staff** will evacuate the building using the exit at the west end of our building (**front entrance**). Teachers will line students up by the door, turn left in the hallway, go down the stairs and exit building. After exiting the building, go to the west corner of the parking lot by the fence and count the children.

2. **Red, Blue, School-age rooms and Kitchen** will evacuate using the exit at the east end of our building (back stairwell).

Red room and Kitchen teachers will line their students up by the door; proceed straight out of their class down stairs.

Blue room teachers will line their students up by the door, turn left in the hallway, and follow the corridor down the stairs to exit the building.

School-age teachers will line their students up by the door, turn right in the hallway, and follow the corridor down the stairs to exit the building.

All classes will meet in the corner of the east parking lot and count their children.

3. **Purple, Orange, Pink rooms and Eye-Level** will evacuate the building using the exit at the north end of the building (through the playroom).

Purple, Orange and Pink rooms will line their students up at the door, turn right in the hallway, walk down the corridor to the playroom. Go through the playroom and exit building through the exit door.

Playroom will exit building using the exit in that room.

All Classes will meet in the west end of the Playground, line up by the fence and teachers will do head count.

4. During an earthquake; all classrooms are to stay put in their rooms. Teachers and teacher assistants are to help students get under the tables until the earthquake stops.