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

Dear School-Age 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 or faxed to (262)723-8381. A registration fee is 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 do so through PSN.

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

Lakeland's Little Learners

School-Age Contract

2025-2026 School Year

Provider#2000557082/001

Agreement of Contacted Hours & Agreement to Pay Fees

Child's Name: _____

Grade: _____ **DOB:** _____

I am enrolling my child at Lakeland's Little Learners, Ltd. for the 2025-2026 school year beginning September 02, 2025 through June 04, 2026. The center will be open from 6:30 am until 5:30 pm.

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, Tuition, Time Outside of Scheduled Hours, Late Payment, Lunch, Drop-In/ Added Hours, Scheduling Adjustment, Missing Forms, Failure to Sign-In or Out on the Time Clock or with the Wrap-Around Teacher, Contract Renegotiation, Holding Spot, ISF, and a Two Week's Notice Before Termination of Fees.

I understand that my weekly schedule remains as contracted below and I understand that I am charged by the schedule I have contracted regardless of attendance or closings beyond our control. I may not subtract any hours from those contracted for, but with proper notice, and approval, I may add hours for service if the hours are available. Additional Fees will then be added per the Fee Schedule for this added service. When my schedule changes from the hours listed below, for any reason, I must hand in a written schedule request by 8:30 am at wrap-around or by 10:00 am at the main center on or before the "Schedule Friday" appropriate for the tuition period involving the request. I understand this is necessary to give Lakeland's Little Learners time to approve additional hours requested, time to notify teachers of absences for safety purposes, and time to process any credits or charges to tuition that may be due.

I understand that I am entitled to one week's worth of my child's days in tuition credit (vouchers) for days not attending throughout the school year, otherwise I am obligated to pay for my contracted days and hours regardless of attendance or closings due to weather. Credit can only be applied upon request to bills that are currently paid in full. Credit cannot be used towards tuition fees for a two- week notice of termination period.

I understand I will not be charged or scheduled for days/hours that the Elkhorn Area School Calendar has their schools scheduled to be closed unless I submit a schedule request in writing following the procedure to request additional hours. When the Elkhorn Area Schools are closed, there are no hours available at our Wrap-Around programs. There are however, hours available at our main center and you may enroll there. Students may enroll at both programs.

This contract is for the duration of the school year as dated above. Separate contracts will be issued for summer services.

I am contracting for hours at the:

☐ Main Center – coming to and from: _____

☐ Jackson Wrap-Around Program (School name)

☐ Tibbets Wrap-Around Program

I am contracting for the following schedule of hours:

(am) Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

(pm) Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Parent/Guardian Signature _____ Date _____/_____/_____

Vouchers will be entered on your upon request if your account is current.

This is also the ONLY contract you will receive during this school year at Lakeland's Little Learners unless you want to renegotiate your hours/days. If you know when the end date to this schedule will be, you should enter that date on the top of the contract in the space provided. Vouchers will be recalculated with each new contract/schedule change.

We can send your invoices by e-mail if you prefer – up to 2 e-mail addresses may receive invoices. If you have not already given us your e-mail and you would like to receive your bills in this way, please enter it below.

Parent/Guardian Name:_____ Parent Guardian Name:_____

Email 1:_____ Email 2:_____

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

http://dcf.wisconsin.gov

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

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

Home Address (Street, City, State, Zip)	Does child reside at this location? ☐ Yes ☐ No	Place of Employment and Work Phone No.

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)	Does child reside at this location? ☐ Yes ☐ No	Place of Employment and Work Phone No.

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.
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.

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.

PHYSICIAN OR MEDICAL FACILITY

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

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

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

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.

	Brand Name	Ingredient Strength
☐ Yes ☐ No I authorize the center to apply sunscreen to my child. ☐ Yes ☐ No I authorize the center to allow my child to self-apply sunscreen.		
☐ Yes ☐ No I authorize the center to apply repellent to my child. ☐ Yes ☐ No I authorize the center to allow my child to self-apply repellent.	Brand Name	Ingredient Strength

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.

☐ No specific medical condition
☐ Asthma
☐ Diabetes
☐ Gastrointestinal or feeding concerns including special diet and supplements
☐ Cerebral palsy / motor disorder
☐ Epilepsy / seizure disorder
☐ Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism
☐ 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.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

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.

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

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

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

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

SIGNATURE – Parent or Guardian	Date Signed (mm/dd/yyyy)

Review dates: _____ _____ _____ _____ _____

Department of Health Services
Division of Public Health
F-44192 (03/2025)

State of Wisconsin
Wis. Stat. § 252.04

Child Care Immunization Record

Instructions: Complete and return to child care center. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center.** These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

Step 1 **Personal data** **Please print**

Child's name (Last, first, middle initial)	Date of birth (Month/Day/Year)	Area code/phone number
Name of parent/guardian/legal custodian (Last, First, middle initial)	Address (Street, apartment number, city, state, ZIP)	

Step 2 **Immunization history**

List the **month, day and year** the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

Type of vaccine	First dose Month/Day/ Year	Second dose Month/Day/ Year	Third dose Month/Day/ Year	Fourth dose Month/Day/ Year	Fifth dose Month/Day/ Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus *Influenzae* Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (Chickenpox)					

History of varicella/chickenpox
In accordance with DHS 144.03(2)(g), I attest that this child has a reliable history of varicella disease and is not required to receive Varicella vaccine.

_____
Signature – Physician/PA/APNP Date Signed

Step 3 **Requirements**

The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

Age levels	Number of doses						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib[1]	3 PCV[2]	2 Hep B	1 MMR[3]	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib[1]	3 PCV[2]	3 Hep B	1 MMR[3]	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT[4]	4 Polio			3 Hep B	2 MMR[3]	2 Varicella

[1]If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or less before the first birthday is also acceptable).

[2]If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

[3]MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).

[4]Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).

Compliance data and waivers

Step 4

If the child meets all requirements (sign at step 5 and return this form to the child care center), or

If the child **does not** meet all requirements (check the appropriate box below, sign and return this form to child care center).

☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **within one year** and to notify the child care center in writing as each dose is received.

Note: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of $25.00 per day of violation.

☐ For health reasons this child should not receive the following immunizations _____(List in step 2 any immunizations already received)

_____
Physician's signature required

☐ For religious reasons this child should not be immunized. (List in step 2 any immunizations already received)

☐ For personal conviction reasons this child should not be immunized. (List in step 2 any immunizations already received):

Signature

Step 5

To the best of my knowledge, this form is complete and accurate.

_____ _____
Signature - Parent, guardian or legal custodian Date signed

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

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.lakelandslittlelearners.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 an agree to the Operating Policies and Fee Schedule, and all fees associated wit 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 # _____ - ____ - _____

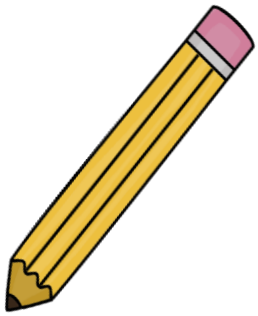
Parent's Receiving Assistance Agreement to Pay Fees

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?