



**AllCare Provider Services, Inc.  
Learning Ladder Day Care Center  
100 Aldrich Street  
Bronx, NY 10475  
(718) 618- 0782**

**“Building each child’s success step by step”**

Welcome to the Learning Ladder Day Care Center. We are looking forward to providing your child with an exciting early childhood experience.

The philosophy of the Learning Ladder Day Care Center is centered on meeting the developmental needs of all children. Programs are planned to meet each child’s individual emotional, social, cognitive and physical needs. By focusing on the whole child, in a hands-on learning environment, each child is able to grow to his or her fullest potential. A well educated and trained faculty and staff use the curriculum to nurture and facilitate growth during all stages of development.



## **AllCare Provider Services, Inc. Learning Ladder Day Care Center**

### **Policy Statement**

Learning Ladder Day Care Center is open to all children regardless of race, creed, ability, sex or ethnic origin.

A personal interview is required for admission to Learning Ladder Day Care Center. In addition, the following documents must be completed:

- Registration Application
- Emergency Contact
- Parent/School Agreement
- Developmental History
- Policy Statement
- Field Trip Permission Form
- Medical form (including Health Department required immunizations) signed by a physician.
- Non-refundable registration fee and one week deposit.

***No child*** will be admitted without completion of the required forms.

The children are given routine health check each day upon arrival. Any child showing signs of illness (cough, runny nose, sore throat, fever, etc.) or infectious disease will not be admitted to the center.

#### Attendance /Lateness Policy

In order to remain in the program, your child must attend the center regularly and must arrive at their classroom by 9:00a.m. If your child will be absent or late please call the center by 8:30 a.m.

*No child* can enter the program after 9:00am without previous notice or in case of an emergency. If your child is going to be absent for a period of time or if you are going to use the program less often than arranged, you must notify us in writing of your plans.

**Food Policy**

Breakfast, lunch and afternoon snack will be provided at no cost by for those children that qualify for the CACFP Healthy Meal Patterns. For those children that do not qualify for this program, meals are available at a nominal cost per week or they may bring their own food. The food is provided by a Department of Health licensed caterer.

***Learning Ladder Day Care Center is a nut free environment.***

**Payment Policy**

Each application **must** be accompanied by a non-refundable registration fee of \$30, a deposit of one week’s fee of \$175 and the first week tuition of \$175 for a total of **\$380**.

Tuition is billed on weekly basis during the year. Tuition is due the previous Friday. Payments must be made by personal or bank check, money order or credit/debit card. Cash is not accepted. Any returned checks are subject to all bank fees. **All late payments** will be charged a **\$20 late fee**. Learning Ladder accepts ACD/ACS/HRA/1199 and TWA vouchers. Parents of children attending under Voucher Programs are responsible for timely weekly payments.

Tuition must be paid in a timely manner or the child will not be admitted until the full payment including late fees is paid. Each case of non payment will be reviewed on an individual basis before dismissal occurs.

There are no refunds for days missed due to illness, vacations or school closings due to inclement weather conditions. Deposits cannot be used against vacation time or any additional fees.

I have read the policies set forth by the Learning Ladder Day Care Center and agree to abide by the rules.

Parent/Guardian’s Signature: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_



# AllCare Provider Services, Inc.

**Learning Ladder Day Care Center**  
100 Aldrich Street  
Bronx, NY 10475  
(718) 618-0782

## Registration Application

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: Male or Female

### **Mother**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

### **Father**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_



# AllCare Provider Services, Inc.

**Child's Name** \_\_\_\_\_

**Field Trip/Walking Trip Permission:** (Choose one option)

Learning Ladder Day Care Center has my permission to take my child on field trips, neighborhood walking trips and to River Bay's parks.

**OR**

Learning Ladder Day Care Center does **not** have my permission to take my child on field trips, neighborhood walking trips and to River Bay's parks.

**Picture Release Permission:** (Choose one option)

Learning Ladder Day Care Center has my permission to photograph my child and to permit photographs to be released for publication for the purposes of fundraising or public relations.

**OR**

Learning Ladder Day Care Center does **not** have my permission to photograph my child and to permit photographs to be released for publication for the purposes of fundraising or public relations.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Emergency Contact Form**

Child's Name \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact (The person must be available during the day)

1) Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: \_\_\_\_\_

Persons authorized to pick up child:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

Persons **not** authorized to pick up child:

1) \_\_\_\_\_ 2) \_\_\_\_\_

Name of Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

**Learning Ladder Day Care Center must be** notified in writing of any changes to information on this form

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Developmental History**

Child's Name: (Last/First) \_\_\_\_\_

Birth Date: \_\_\_\_\_

### **Personal History**

Age he/she began sitting: \_\_\_\_\_ Walking \_\_\_\_\_

Crawling \_\_\_\_\_ Is he/she a good climber? \_\_\_\_\_ does

he/she fall easily? \_\_\_\_\_

Age he/she began talking: \_\_\_\_\_ Does he/she talk in words?

\_\_\_\_\_ Does he/she talk in sentences? \_\_\_\_\_

Does he/she have any difficulties in speaking? \_\_\_\_\_

Does he/she speak any other languages? \_\_\_\_\_

Special words to describe his/her needs: \_\_\_\_\_

Any serious separations from parents or siblings?

\_\_\_\_\_

### **Health**

How would you describe your child's overall health? \_\_\_\_\_

What arrangements can you make for your child's care during illness?

\_\_\_\_\_

Doctor's Name:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What communicable diseases has the child had?

\_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Any serious illnesses or hospitalizations?

\_\_\_\_\_

Any physical disabilities?

\_\_\_\_\_

Any Known allergies (asthma, hay fever, insect bites, medicines)?

\_\_\_\_\_

How many colds has your child had this past year?

\_\_\_\_\_

How does the child react to an elevated temperature?

\_\_\_\_\_

Special Instructions if child become(s)

ill \_\_\_\_\_

Any medication given regularly?

\_\_\_\_\_

**Eating**

Is child usually hungry at mealtime? \_\_\_\_\_ between meals? \_\_\_\_\_  
What are his/her favorite foods?  
\_\_\_\_\_

What foods are refused?  
\_\_\_\_\_

Does your child have any eating problems?  
\_\_\_\_\_

Any food allergies? \_\_\_\_\_

Does child eat with a spoon? \_\_\_\_\_

Does child eat with a fork? \_\_\_\_\_

Does your child eat with his/her hands? \_\_\_\_\_

**Toilet Habits**

Can child be relied upon to indicate his bathroom wishes? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ Bowel movement?  
\_\_\_\_\_

Does child need to go more frequently than usual for his/her age?  
\_\_\_\_\_

Is he/she frightened of the bathroom? \_\_\_\_\_ Does he/she need help  
toileting? \_\_\_\_\_ Does he/she have accidents? \_\_\_\_\_

How does he/she react to them? \_\_\_\_\_

Was or is the child easy or difficult to train? \_\_\_\_\_

Does he/she wet his/her bed at night? \_\_\_\_\_

**Sleeping Habits**

What time does child go to bed? \_\_\_\_\_ Awaken? \_\_\_\_\_

Does he/she walk, talk, or cry out at night? \_\_\_\_\_

What does he/she take to bed with him/her? \_\_\_\_\_

What is his/her mood on awakening? \_\_\_\_\_

Does he/she take naps? \_\_\_\_\_ from when \_\_\_\_\_ to \_\_\_\_\_

**Social Relationships**

Has he/she had experiences in playing with other children?  
\_\_\_\_\_

By nature is he/she friendly? \_\_\_\_\_ Aggressive? \_\_\_\_\_

Shy? \_\_\_\_\_ Withdrawn? \_\_\_\_\_

Does he/she get along with his/her siblings? \_\_\_\_\_ other adults? \_\_\_\_\_

Does he/she know any children at the Center?  
\_\_\_\_\_

Do you feel he/she will adjust easily to day care situation?  
\_\_\_\_\_

Does he/she enjoy being alone?  
\_\_\_\_\_



How does he/she relate to strangers?

Does he/she demand a lot of adult attention?

What makes him/her mad or upset?

How does he/she show his/her feelings?

Is he/she frightened of any of the following:

animals \_\_\_\_\_ tall people \_\_\_\_\_ rough children \_\_\_\_\_  
loud noises \_\_\_\_\_ dark \_\_\_\_\_ storms \_\_\_\_\_ other (describe) \_\_\_\_\_

Favorite toys and activities at home

Does he/she like to be read to \_\_\_\_\_ Listen to music \_\_\_\_\_

Does he/she prefer to play outdoors? \_\_\_\_\_

Can he/she ride a tricycle? \_\_\_\_\_

Has he/she had any experience with:

clay \_\_\_\_\_ scissors \_\_\_\_\_ painting \_\_\_\_\_ blocks \_\_\_\_\_ water play \_\_\_\_\_

### **Behavior**

How does he/she express feelings?

Does the child separate from you with ease?

How does the child make transitions?

How does child react to new situations?

What kind of discipline do you use?

What are your child's strengths?

What are your child's weaknesses?

What are your goals for your child this year?

---

---



# AllCare Provider Services, Inc. Learning Ladder Day Care Center

## Parent-School Agreement

- 1) The weekly fee is \$175. Payable by check, money order, credit card, ACD/ACS/HRA/1199/TWU Voucher.
- 2) The tuition for all programs is due in advance.
- 3) There will be no refund for absences.
- 4) Learning Ladder is open for child care from 7:30 a.m. to 6:30 p.m. After 6:30 p.m. a late fee will be charged.
- 5) Please keep your child home if he/she is not feeling well or shows any signs of illness.

6) Persons authorized to pick up child:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Persons **not** authorized to pick up child:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

No person or persons other than those specifically authorized by the child's parents will be allowed to pick up a child unless he/she has a note written and signed by the parent. Proper identification must be provided at pick up. (Picture I.D.)

7) I give Learning Ladder Day Care Center permission to seek emergency medical treatment for my child in case I am unavailable when such treatment is needed.

- 8) I give Learning Ladder permission to contact my child's previous center/nursery school and physician.
- 9) I give Learning Ladder permission to include my child's name, address, and phone number on a contact list for the exclusive use of current families.
- 10) I am responsible for transporting my child to and from Learning Ladder Day Care and will not hold Learning Ladder responsible for my child during that time.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT, AND THAT YOU ARE WILLING TO ABIDE BY THE TERMS THEREOF. LEARNING LADDER DAY CARE CENTER WILL NOT BE RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.**

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_