

GATEWAY LEARNING ACADEMY, LLC
The Hands that Rocks the Cradle, Rules the Nation
 185 East Norwood
 Memphis, Tennessee 38109
 (901) 774-9553

CHILD'S PRE-ADMISSION CHECKLIST 2021

Child's Name: _____ Parent Name: _____

Phone Number: _____ Child's DOB: _____

Item	Received		Date	Signature
	Yes	No		
Registration Application				
Food Program Application				
Food Program Letter w/ income eligibility Application and Guidelines for Reduced Price Meals				
Shot Record/Physical- (<i>white card preferred</i>)				
Scoop				
Pick-up Authorization				
Transportation & Treatment				
Field Trip Authorization				
Influenza Information Notification Form				
Policy Statement Agreement				
Food Allergies and Special Diets Log				
Parent Handbook				
Summary of Licensing Requirements for Child Care Center-DHS Requirements				
Registration Fee				
Annual Mat Fee				
Personal Safety Curriculum & ASQ-3				
Director Business Card				

The Department of Human Services requires that an authorized adult code/sign children in and out with assigned code and/or first and last name legibly.

I have reviewed all of the above and the parent/ guardian acknowledges receipt of Parent Handbook. DHS Requirements has been informed and financial obligations. All fees must be paid in a timely manner and past due amounts will be reported to DHS after two weeks and service will be discontinued until fees are paid. I agree to all rules and regulations in my child's application:

Parent / Guardian Signature Date

Gateway Learning Academy Employee (Intake) Title Date

Gateway Learning Academy, LLC Program Enrollment Agreement

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information									
Child's Information									
Child's first name		Child's middle name		Child's last name			Child's nickname		
Age	Sex	Child's primary language			Parent/guardian/sponsor primary language				
Child's home address				City		State		Zip	
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name			Grade		School phone		
School address				Drop off time			Pick up time		
Family Information									
List family members & pets your child lives with – include first names, relation and ages of siblings									
Parent/guardian/sponsor		Relationship to child			Home phone		Cell phone		
Home address if different from above				City		State		Zip	
Home email			Work email			Work phone			
Employer	Employer address			City		State		Zip	Work hours
Other parent/guardian/sponsor		Relationship to child			Home phone		Cell phone		
Home address if different from above				City		State		Zip	
Home email			Work email			Work phone			
Employer	Employer address			City		State		Zip	Work hours
Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)									
Please notify the center if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up and /or code provided.]									
Person #1		Relationship to child			Home phone		Cell phone		
Home address				City		State		Zip	
Home email			Work email			Work Phone			
Employer	Employer address			City		State		Zip	Work hours
Person #2		Relationship to child			Home phone		Cell phone		
Home address				City		State		Zip	
Home email			Work email			Work Phone			
Employer	Employer address			City		State		Zip	Work hours
Person #3		Relationship to child			Home phone		Cell phone		
Home address				City		State		Zip	
Home email			Work email			Work Phone			
Employer	Employer address			City		State		Zip	Work hours

The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.

Parent initial _____ Staff initial _____ Date _____

Medical Information

Child's name	Birth date	Height	Weight	Hair color	Eye color
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Distinguishing marks

Child's Medical & Developmental History

- Does your child have any special medical conditions? ☐ No ☐ Yes Explain _____
- Does your child have any chronic illnesses? ☐ No ☐ Yes Explain _____
- Please list a brief history of your child's serious injuries and hospitalizations. _____
- Does your child have diabetes? ☐ No ☐ Yes *If yes, please attach care instructions from your physician.*
- Does your child have asthma? ☐ No ☐ Yes *If yes, please attach care instructions from your physician.*
- Will medication be administered regularly? ☐ No ☐ Yes *If yes, please attach care instructions from your physician.*
- Does your child have any special dietary needs? ☐ No ☐ Yes Explain _____
- Is your child able to fully participate in all activities? ☐ Yes ☐ No Explain _____
- Does your child have any physical restrictions? ☐ No ☐ Yes Explain _____
- Does your child function at the level of other children in his/her age group? ☐ Yes ☐ No Explain _____
- Is your child able to walk? ☐ Yes ☐ No _____
- Can your child communicate his/her needs? ☐ Yes ☐ No _____
- Does your child need assistance at meal time? ☐ No ☐ Yes Explain _____
- Does your child rest during the day? ☐ No ☐ Yes _____
- Is your child toilet trained? ☐ No ☐ Yes _____
- Does your child use any special equipment, such as breathing machine, wheelchair, hearing aid, braces, glasses etc.? ☐ No ☐ Yes Explain _____
- Does your child require one-to-one care/supervision on a regular basis for a significant period of time? ☐ No ☐ Yes Explain _____
- Does your child require any accommodations or modifications to fully and equally enjoy and participate in a group care setting?
☐ No ☐ Yes Explain _____

Illness History (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Skin rashes | <input type="checkbox"/> Mouth sores |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Sore throats | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Persistent cough |
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Urinary tract infections | <input type="checkbox"/> Other |
- Please attach care instructions from your physician for any of these illnesses.

Disease History (please check all that apply and add the date)

- | | | |
|---|---|--|
| <input type="checkbox"/> Chicken Pox (Varicella) _____ | <input type="checkbox"/> Bronchiolitis _____ | <input type="checkbox"/> Botulism _____ |
| <input type="checkbox"/> Measles Rubella _____ | <input type="checkbox"/> Pneumonia _____ | <input type="checkbox"/> Haemophilus Influenza _____ |
| <input type="checkbox"/> Rubella (German Measles) _____ | <input type="checkbox"/> Pertussis (Whooping cough) _____ | <input type="checkbox"/> Meningococcal Infection _____ |
| <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Tetanus _____ | <input type="checkbox"/> Rabies _____ |
| <input type="checkbox"/> Scarlet Fever _____ | <input type="checkbox"/> Diphtheria _____ | <input type="checkbox"/> Bacterial Meningitis _____ |

Allergies (please list)

Medication Allergies	Reaction	Food Allergies	Reaction
_____	_____	_____	_____
Bee Stings Allergies	Reaction	Respiratory Allergies	Reaction
_____	_____	_____	_____
Other Allergies	Reaction	Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____		

Please attach care instructions from your physician for any life-threatening allergies.

Miscellaneous Screenings and Tests (please check all that apply and add the date of last screening)

- | | | |
|--|--|---|
| <input type="checkbox"/> Vision _____ | <input type="checkbox"/> Developmental _____ | <input type="checkbox"/> Tuberculosis (PPD) _____ |
| <input type="checkbox"/> Hearing _____ | <input type="checkbox"/> Aptitude _____ | <input type="checkbox"/> Sickle Cell Anemia _____ |
| <input type="checkbox"/> Speech _____ | <input type="checkbox"/> Educational _____ | <input type="checkbox"/> Other _____ |

To the best of my knowledge the information contained above is accurate.

Parent initial _____ Staff initial _____ Date _____

Medical Information (continued)

Child's name	Birth date
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Child's Medical Care Provider

Primary physician's name	Primary physician's practice name	Phone
Physician's practice address	City	State Zip
Preferred hospital/clinic for emergency care	City	State
Dentist's name	Dentist's practice name	Phone
Dentist's practice address	City	State Zip

Child's Insurance Provider

Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number
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Child's Immunization History (please attach a copy of your child's immunization records)

Below is a list of immunizations that your child may have received. Immunizations in bold are required by our state. **[Check with your state requirements. You may do this at <http://www.immunize.org/states/> Bold any immunization below that is a requirement.]**

Anthrax	Influenza	Pneumococcal disease	Smallpox
Diphtheria	Lyme Disease	Polio	Tetanus
Haemophilus Influenzae type b (Hib)	Measles	Rabies	Tuberculosis
Hepatitis A	Meningococcal disease	Rotavirus	Typhoid Fever
Hepatitis B	Mumps	Rubella	Varicella (Chickenpox)
Human Papillomavirus (HPV)	Pertussis (Whooping Cough)	Shingles (Herpes Zoster)	Yellow Fever

Additional Medical Policies

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.	Initial
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.	
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .	

Emergency Medical Authorization & Consent

In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician.	Initial
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	
In case of a medical emergency, I will be responsible for the emergency medical expenses.	
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	

I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child. Please check which products you will permit.	Initial
I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.	
I <input type="checkbox"/> have <input type="checkbox"/> do not have special instructions for the application process.	

Parent initial _____ Staff initial _____ Date _____

Rate Agreement and Contract

Child's name _____

Birth date _____

Hours of Operation

Regular operating hours are **6:00 a.m. – 5:30 p.m.** except closings for various holidays, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced or family will receive a call. In case of a snowy day, we will open 2 hours later (call center or 901-864-1250). If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

Day of week	Start time	AM/PM	End time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

I would prefer to make tuition payments on a ☐ weekly ☐ bi-weekly ☐ monthly ☐ basis.

Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion)

- Starting on _____ a fee of \$ _____ is due	<input type="checkbox"/> weekly. <input type="checkbox"/> bi-weekly. <input type="checkbox"/> monthly.	Initial _____
- Tuition is due and payable by 9:00A.M.	<input type="checkbox"/> Every Monday. <input type="checkbox"/> the 1 st and 15 th of the month or next business day. <input type="checkbox"/> first business day of the month.	_____
- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absence other than hospitalization, contagious illness, or absence at the request of a doctor (a written doctor's note is required to receive credit).		_____
- I agree to pay the full tuition in advance of services rendered.		_____
- I agree to pay the full tuition fee even if my child is absent for one or more days.		_____
- A late fee of \$15 is due if tuition is not received on time.		_____
- A non-refundable registration fee of \$100 is due yearly.		_____
- A late pick up fee of \$1 per minute per child (not to exceed \$20 per child) is due if my child is not picked up before closing.		_____
- Accounts two weeks in arrears may result in immediate termination of service.		_____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required.		_____
- All returned checks or ACH transactions (automatic debits) will be charged a fee of \$35. Two or more returned checks or ACH transactions will result in my account being placed on "money order only" status.		_____
- A 2 (two) -week written notice is required for any child being withdrawn from the program.		_____
- A receipt for income tax purposes <input type="checkbox"/> will <input type="checkbox"/> will not be provided.		_____

Other Agreements**Private Employment Acknowledgement and Release**

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. This center shall remain harmless from any such arrangement.

Initial
_____**Media Release**

Occasionally, photos will be taken of the children at the center for use within the center or on our website and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

Initial

Parent initial _____ Staff initial _____ Date _____

Other Agreements (continued)

Child's name

Birth date

Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center.

Initial**Handbook Acknowledgement**

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them.

Initial

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.

Information contained in the Family Handbook may be subject to change.

Contract ApprovalI certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

Primary Parent/Guardian/Sponsor Signature

Date

Center Staff Signature

Date

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Food Allergies and Special Diets Log

Child's Name: _____

Foods that are not to be served in any quantity:

What reactions does the child have when these foods are eaten?

Foods that can be served in small amounts:

Familiar foods that contain the basic food not to be served:

Is the child now being, or has the child ever been, treated by a physician for an allergy? When and for how long? _____

Parent/ Legal Guardian: _____ **Date** _____



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

PERSONAL SAFETY CURRICULUM NOTIFICATION FORM

Since 1985, Tennessee law has required that children in child care agencies receive annual instruction in personal safety, including child sexual abuse prevention. The personal safety curriculum shall include a Department-recognized component on the prevention of child abuse.

Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. The Department of Human Services was directed to provide guidelines for this curriculum, but individual child care agencies may choose a curriculum that accomplishes the same goal, and may use different terminology in the curriculum. The child care agency is required to allow parents/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.

In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.

"Keeping Kids Safe" is the sample personal safety curriculum offered by the Department. This curriculum takes a holistic approach to the safety of children. The curriculum, is composed of the following units: Self Esteem, Family & Friends, Feelings, Problem Solving, Personal Safety (general) and Personal Safety (4-5 year olds), and Safety Around Me. All sessions begin with group time and are followed by supplemental activities that give children additional practice in understanding the concepts. The curriculum uses hand puppets to serve as a group motivator and to introduce the stories. Together staff and parents decide what terminology to use when referring to the genitals, either the correct anatomical terms or the general term "private body parts."

Parent/ Legal Guardian: _____ **Date** _____

HS-2984

☐ “Keeping Kids Safe” is the personal safety curriculum used by our child care agency.

☐ Our agency uses another personal safety curriculum described below:

Method of Instruction:

Sample Terminology:

The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians.

I/We acknowledge that we have been provided an opportunity to review the agency’s personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our child/children.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Agency Representative

Date

Gateway Learning Academy, LLC
(Center Name)

Ages and Stages Screening Consent Form

Dear Parent,

Our childcare program/school has agreed to participate in a screening program through a partnership with The University of Memphis Child Development and Family Studies CEED program with funding provided through the Urban Child Institute. **With your permission and participation**, your child's teacher or program staff will administer a reliable two-part screening instrument, the *Ages and Stages Questionnaire-3 (ASQ-3)* and the *Ages and Stages Questionnaire: Social Emotional (ASQ-SE)*. The results will allow you and your child's teacher to monitor his/her development, incorporate daily learning activities and make referrals if needed. Information from the *ASQ* can help your child's teacher provide more activities to: improve your child's skills, get along better with others, and reach many other learning goals. Results from the *ASQ* may also indicate the need for a referral for additional medical, developmental or social services for your child. The results will also be entered on a secure data system for scoring/monitoring and will be viewable only by our childcare program/school and staff from The University of Memphis Child Development and Family Studies CEED program who are involved in the data collection and evaluation process. After all identifying information has been removed from this data, it will be submitted to the Shelby County Early Success Coalition to evaluate outcomes on a community-wide basis.

Please choose ONE of the following options:

☐ I have read the information provided about the Ages and Stages Questionnaires. I understand the purpose of this program and **I agree to have my child participate in the screening and monitoring program.**

☐ I have read the information provided about the Ages and Stages Questionnaires. I understand the purpose of this program, and **I agree to have my child participate in the screening, but I do not agree to participate in the data monitoring program.**

☐ I have read the information provided about the Ages and Stages Questionnaires. I understand the purpose of this program, but **I do not agree to have my child participate in the screening and data monitoring program.**

Child's Name Date of Birth If the child was born premature
How many weeks early? _____

Mailing address, city, zip code

Email Address Phone

Parent/ Legal Guardian (print) **Parent/Legal Guardian (signature)** Relationship to Participant Date
(If under the age of 18 years guardian signature required below)

Parent/ Legal Guardian (print) **Parent/Legal Guardian (signature)** Relationship to Teen Parent

Email Address Phone Date

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Date: _____

To Whom It May Concern:

**The following child, _____ has an immunization / shot record
on file at his/her assigned school. This child attends:**

**For further information, contact his/ her parent _____ at
_____.**

Yours truly,

_____, **Parent Signature**

Director/ Owner: Frankie L. Briggs

**GATEWAY LEARNING ACADEMY, LLC
CACFP ELIGIBILITY APPLICATION REQUIREMENTS**

Applications for the CACFP should be given out as part of the registration process.

The CACFP enrollment packet should include:

- **Parent/guardian Letter**
- **Attachment B-Parent's Income Eligibility Guidelines**
- **Child and Adult Care Food Program Income eligibility Application (double-sided)**
- **Addendum to the Enrollment Form**
- **Building for the Future**
- **WIC handout**

The parent or guardian should complete ALL entries on the application for Parts 1-5.

A child's eligibility application must be completed by a parent or guardian. If the parent must make a change, have the parent initial and date any corrections. Do not accept or use white out fluid or correction tape on CACFP application.

In the section for "FOR INSTITUTION OR SPONSOR STAFF USE ONLY" section, the determining official must determine the classification of each participant (free, reduced-price, or paid/ineligible), document whether the classification was based on categorical or income eligibility; and sign and date his determination. The determining official should classify the child, sign and date the application no later than the end of the month in which the application was received.

All eligibility applications are valid for a period of one calendar year following the date of the determining official's signature. All applications must be renewed at least every twelve months.

Exception: Application classified as free base on zero income must be updated every 60 days.

If a parent or guardian does not return an application or the application doesn't not meet the CACFP requirements for free and reduced-price eligibility categories, the application must be classified paid.

An institution may elect to classify all participants as paid in which the lowest level of meal reimbursement is received. In this event, there is no requirement for the completion of nay eligibility applications.

Parent _____ Date _____

**GATEWAY LEARNING ACADEMY, LLC
185 EAST NORWOOD
MEMPHIS, TENNESSEE 38109**

INFLUENZA INFORMATION NOTIFICATION FORM

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or **September.**

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian	Date
--	-------------

Signature of Parent or Legal Guardian	Date
--	-------------

Signature of Agency Representative	Date
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GATEWAY LEARNING ACADEMY, LLC
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Sign In / Out Code Form

Dear Parents,

We have moved to a new form: **System of Sign In/ out**. The New system is an electronic Sign In/ Out. We request that all person (s) that is required or authorized to check your child (ren) in or out provide us with a Code for our system. Each person that is approved to pick-up or drop-off your child (ren) needs to provide us with a code that has 4 to 6 digits and their signature. We appreciate your help in helping us make this system work for you and the safety of our children.

Child Name _____ Date Form Completed: _____

Authorized Persons:

Signature

Name: _____ Code: _____

Name: _____ Code: _____

Name: _____ Code: _____

Name: _____ Code: _____

Name: _____ Code: _____

Name: _____ Code: _____

Parent Signature: _____

Further comments; as it relates to pick up or drop off your children:

Director,

Frankie Briggs

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Participation Agreement (HiMama)

To email and publish my child's work, photographs or videos via HiMama

To: Parent/ Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the Interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "Program). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email account you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My child's Name: _____ Date of Birth: _____

My name: _____

My email address: _____

Parent Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent/ guardian of the child.

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What does LENA Grow involve?

Every week, for 6 (six) weeks, starting the week of _____ through the week of _____ children will wear a lightweight, child-safe LENA device, placed inside of a cotton vest from the time they arrive, until they leave to go home. During each "LENA Day" the device will record and measure how much your child speaks throughout the day and the number of conversations they have with other people. The weekly recording generates information for educators to improve the amount of talk and interaction in the classroom environment. Recordings cannot be played back and can never be listened to - all audio is immediately deleted by a computer at the end of each LENA Day.

- All information that can be identified with your child will be kept confidential from anyone other than Project Memphis and LENA (a nonprofit foundation based in Boulder, Colorado), and they will comply with all laws regarding confidentiality.
- Information gathered by using LENA includes: the number of adult words your child hears on a daily basis, the number of back and forth interactions with adults on a daily basis and information regarding other noise in the classroom environment.
- Any information used will not reveal your child's identity or violate any federal, state, or local laws or regulations. For more information, please refer to the LENA privacy policy at <http://www.lena.org/privacy> and Project Memphis privacy policy at Project Memphis.

Why is this center participating in LENA Grow?

The purpose of LENA Grow is to support early childhood educators with creating a language-rich and interactive classroom environment for children by providing feedback on their daily interactions with children.

Who can answer my questions about LENA Grow?

If you have more questions about LENA Grow, at any time, you can contact Alexzander Price at 901.678.3589. You can also learn more about LENA at www.lena.org.

What choices do I have?

Your child is not required to participate in the LENA Grow program. LENA grow is designed to help increase your child's interaction with their teachers, please complete this form and return this form to your child's teacher.

___ Yes, my child can participate in the LENA Grow program.

___ No, my child cannot participate in the LENA Grow program.

Child's Name _____ T-Shirt size _____ DOB _____

Teacher _____ Parent's Signature _____

Date _____ Contact Number _____

GATEWAY LEARNING ACADEMY, LLC

Center's Schedule

Gateway Learning Academy is opened each day: Monday through Friday throughout the year from 6am to 5:30pm, with the exception of the following holidays: New Year's Eve , New Year's Day, Dr. Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve and Christmas Day. The Full tuition is charged for these holidays. Any other closings will be posted at least two weeks in advance along with staff professional days.

We are a Gold Sneaker facility. As a Gold Sneaker daycare, the following objectives have been incorporated throughout our curriculum:

- We offer our children at least 60 minutes of physical activity per day
- We have limited television and video viewing to 60 minutes per day of educational programs or less
- We do not allow children to remain sedentary or passive for more than 60 minutes continuously
- We work to ensure physical activity is a positive experience
- We work to ensure appropriate feeding patterns and we welcome parents who are breastfeeding
- We work to ensure appropriate feeding patterns, including adequate time for meal consumption
- We work to ensure appropriate infant and child feeding patterns, including appropriate portion sizes
- We promote a positive attitude toward food, and
- We maintain a tobacco free campus.

Tuition and Fees

A Registration agreement of the financial terms and conditions must be completed and signed. It includes the tuition fee, registration fee, and mat usage fee. All fees must be paid in FULL before a child can be accepted in the center. Delinquent tuition can result in termination of your services at the center. We do not refund and fees nor tuition. A late tuition payment of \$15.00 must be paid if your tuition is not received by 5:30 p.m. on Mondays. A late picked up with or without notice by 5:45 p.m. will be transported by Memphis Police Department to Juvenile Court, 619 Adams Avenue. **Any fees in delinquent will be turned over to collections and will be reported to credit bureaus.**

Medical

The center is required to have current record of immunization before a child can be admitted into the center. In addition, please do not send or bring your child to the center if they have any of the symptoms given below. If they develop any these symptoms, they will be isolated and you will be contacted to have them picked-up as soon as possible, since we cannot care for sick children. State licensing requires that for the protection of all children, a child must be kept at home if they show any of the following symptoms:

A temperature over 99 degrees or Diarrhea or Vomiting
Any undiagnosed Rash (Ring Worm) or severe Diaper Rash
Sore or Discharging Eyes or Ears, profuse Nasal Discharge

Food

The center will meet the child's nutritional needs during their time in the center by providing, breakfast, lunch and evening snack. We ask that you do not send or bring food into the center.

Transportation

Parents are responsible for seeing the child into the Center to the proper classroom, and signing him/her in and out each day. If someone else is to pick up your child, please list his or her name on the Registration Form or notify the center in advance.

Clothing

Please dress your child in clean, washable, and comfortable clothing. We ask you to bring a complete set of change of clothing, "because accidents do happen." Write your child's name on each piece of clothing. The Center is not responsible for lost clothing.

Discipline Procedure

"Redirecting" is the accepted form of behavior management used by the Center, and is utilized with children by requiring temporary play and interaction in another area at that time. The child is prompt to refrain from inappropriate behavior and to engage in something that is more productive. There is no physical punishment, fighting, hitting, or profanity allowed. Continuous discipline problems will not be allowed and will result in suspension for a specified number of days or termination.

Visiting and Conferences

We invite you to visit the center whenever you like. We have an "open door" policy. See the Director with any problems. We encourage all parents to be a part of their child's educational process. If you are visiting, your presence can not disrupt the daily schedule of events. Please be reminded that your child and the other children in the classroom have an established curriculum with a schedule that be adhered to. In addition, we are asking parents to attend Parent/Teacher meetings, Parent Advisory meetings, and to participate in fundraisers and various programs throughout the year.

Inclement Weather Policy

The center will open on snow days/ inclement weather; however, we can have a delay of 2-3 hours. We will attempt to call parents when weather permits us from opening (*State of Emergency only*) or early closing.

Purpose

Our purpose at Gateway Learning Academy, LLC is to give care, promote, and support the teaching and learning abilities of the children in our care. Our goal is to guide in the development of the child, also to ensure open communication. We have a registration policy that is in complaint with State rules. Children are enrolled to the center as space requirements permits without regards to race, creed, religion, national origin, handicap, or economic status. Let us assure you that we will do our best to provide your child with a safe environment and a loving atmosphere. Thank you for allowing us to serve you and your child.

I have received a copy of the Policy Statement Agreement.

Parent's Signature

Date

GATEWAY LEARNING ACADEMY, LLC
The Hands that Rocks the Cradle, Rules the Nation
185 East Norwood
Memphis, Tennessee 38109
(901) 774-9553

Parent Agreement

This is you Parent Agreement for childcare services while enrolled at Gateway Learning Academy, LLC. Fees are due in advance on a weekly basis and must be paid by cash, check or money order.

I have received this “Summary Licensing Requirement for Child Care Center.”

I understand that it is my full financial responsibility to pay all court cost, all collection fees and/or attorney fees if my account is turned over for collections.

I have read the Parent Handbook and fully agree to abide by its content.

Child’s Name: _____

Weekly Fee Amount: _____

Parent/ Legal Guardian: _____ **Date** _____

Director/ Owner: _____ **Date** _____