



**ADMISSION AGREEMENT**  
**Facility # 304371176**

This Admission Agreement is entered into as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
between **Learning Lab Preschool** and, \_\_\_\_\_.  
(Parent/Guardian Name)

**BASIC SERVICES**

Preschool agrees to provide the basic services as outlined here for the following student

\_\_\_\_\_ located at 5000 Barranca Pkwy, Irvine, CA, 92602  
(Student Name)

according to the schedule set forth.

- (a) Preschool will provide childcare, and two nutritious snacks in accordance with the school schedule.
- (b) Preschool will maintain regulations and rules for the protection of children participating in the school's program according to the California Department of Social Services/Child Care Licensing Title 22
- (c) Preschool will provide assistance to the child in dressing, grooming, washing and other personal hygiene activities as appropriate.
- (d) Preschool will provide supervision of child's schedule and activities.
- (e) Preschool will provide isolated care for the child in the event he/she becomes ill at the preschool. The parent will be notified by the preschool by telephone when the child becomes ill enough to require isolated care. The parent shall have the child picked up from the preschool as soon as possible (within one hour of notification)
- (f) Personal Emergency/Safety kits will be provided by child's parent/guardian

**SCHEDULE**

Monthly Schedule Agreement: Except as otherwise provided in this agreement beginning on enrollment date, the Preschool will provide the basic services each month according to the Child's schedule.

<b>PRESCHOOL 1 (18mo-2.5 y/o)</b>		<b>PRESCHOOL 2 (2.5-3.5 y/o)</b>	
_____ 5 Full Days	\$1570	_____ 5 Full Days	\$1460
_____ 3 Full Days	\$1090	_____ 3 Full Days	\$1020
_____ 2 Full Days	\$ 790	_____ 2 Full Days	\$ 740
<b>PREPPY PREK &amp; PREK (3.5-5y/o)</b>		<b>EXTENDED CARE: (Optional)</b>	
_____ 5 Full Days	\$1360	_____ 5 Half Days	\$1030
_____ 3 Full Days	\$ 960	_____ 3 Half Days	\$ 740
_____ 2 Full Days	\$ 680	_____ 2 Half Days	\$ 540
<b>After School (Tk-K) Program</b>		_____ 5 Half Days	\$1120
Noon-6PM: _____ 5 Days \$1200		_____ 3 Half Days	\$ 810
_____ 3 Days \$ 900		_____ 2 Half Days	\$ 600
_____ 2 Days \$650		_____ 7AM-8:30AM	
(Based on availability, inquire about specialized options to meet your family's needs)		_____ 3PM-6PM	
		_____ AM & PM	

**FEES RECEIVED WITH ADMISSION AGREEMENT:**

New Student*	\$200	Ck# _____	Cash _____	Date _____
Returning Student	\$100	Ck# _____	Cash _____	Date _____
1 <sup>st</sup> Month's Tuition	\$ _____	Ck# _____	Cash _____	Date _____
Total Fees Paid	\$ _____	Ck# _____	Cash _____	Date _____

## HOLIDAY SCHEDULE

The school will ***NOT*** be open and Basic Services will not be provided on the following days:

<b>Martin Luther King Day</b>	<b>President's Day</b>	<b>Memorial Day</b>
<b>Independence Day</b>	<b>Labor Day</b>	<b>Veteran's Day</b>
<b>Thanksgiving Day and the Day Following Thanksgiving</b>		
<b>Winter break in observance of Christmas and New Year (Exact dates TBA each year)</b>		
<b>4 Staff Development (in-service) Days (Exact dates TBA each year)</b>		
<b>No refunds or credit against the monthly fee for holidays / in-service days.</b>		

## PAYMENT PROVISIONS

Parents shall pay to the school the rate agreed on in the Monthly Schedule Agreement for the basic services based on the school's rates for such services. Monthly Tuition is due on the 1<sup>st</sup> day of the month.

**Registration Fee:** Parent shall pay to the school a non-refundable new student registration fee of \$200.00 on the enrollment date and \$100.00 annual enrollment fee thereafter on June 1<sup>st</sup> of each year in which child is enrolled in the school's program, to cover the summer session/new school year.

**Due Date:** Except as otherwise expressly stated in this Agreement, payment of the monthly fee is due on the first calendar day of the month in which the basic services are to be provided. All payments are to be made in advance of service. **Monthly charges must be paid in full by the 5<sup>th</sup> day of each month. If not paid, a 10% late charge will be assessed.**

**Methods of Payment:** Any payment to be made by parent to the school may be made by cash, Zelle, bank transfer, check or money order, payable to the order of ***Learning Lab Preschool***. However, if a payment by check is returned unpaid, parent shall pay the school a service charge levied by the bank in addition to the amounts due. All payments must be made or delivered directly to the school's director or administrative assistant. Parent shall be solely responsible for any payment lost, stolen or mislaid before such payment is received by the school's director and recorded in the receipt book.

**Suspension and Termination for Late Payment.** If the school's director has not received payment from parent for the monthly fee on or before the 10<sup>th</sup> day of the month that tuition is due, the parent will be on suspension until parent pays in full. However, if the school's director has not received the overdue payment on or before the 25<sup>th</sup> day after such payment is due, the school may terminate child's enrollment at the school.

### **WITHDRAWAL/MODIFICATION CONDITION**

For withdrawals from our program, a **30 day written notice via email or BrightWheel** is required. If this notice is not received, families will be responsible to pay the tuition that covers the 30 days after notice is given, whether or not the child attends those days. Please note tuition is due at the first of each month, which will cover the totality of the month. (As a reminder, we do not charge weekly tuition.)

### **RIGHT OF LICENSING OFFICIALS TO INTERVIEW CHILDREN**

Parent understands and acknowledges the Preschool is a licensed day care center and that, under the California law, the California Department of Social Services has the right at any time, without notice or prior consent, to privately interview children or staff at any licensed day care center, to inspect and audit children's records, to observe the physical condition of children, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional conduct physical examination of children.

### **PARENT AGREEMENT**

The parent has reviewed the childcare program and has examined the premises in which the program is being conducted. Any changes to child's schedule need to be made with the knowledge of the director with prior notice of amendment, which would null, and void former agreement. Parent when requesting a schedule change must submit a new monthly schedule agreement.

PARENT SIGNATURE \_\_\_\_\_ Date\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ Date\_\_\_\_\_

SCHOOL SIGNATURE \_\_\_\_\_ Date\_\_\_\_\_

# Learning Lab Preschool

## AUTHORIZATION FOR PHOTOS

I hereby authorize my child, \_\_\_\_\_ to be photographed, videotaped, or voice recorded by Learning Lab Preschool or at any said preschool functions, while participating in normal preschool activities. I understand that these photos may be used for preschool publicity in school newsletters, updates, news releases, holiday programs, Parent Night, Pre-K Graduation, wall displays, and preschool's photo album.

This authorization is effective at all times from the date below.

Dated: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

# Learning Lab Preschool

## ILLNESS AND MEDICATION POLICY

**ILLNESS POLICY:** The Preschool makes every effort to establish procedures that safeguard the health of the children in our care. A health check will be given to each child every day to detect any illness. If a child shows signs of a communicable disease, illness, or fever, the child will not be admitted to school. If your child is ill before leaving home, please keep your child home and call the school to let us know that your child will not be in that day. Children must be kept home from school if they are demonstrating symptoms of fever, diarrhea, vomiting, or unknown rash.

**A child must remain home until they are free of all illness symptoms for 24 hours.**

If symptoms of an illness manifest while your child is at school, the parent or guardian will be contacted. The child must be picked up from school within one hour after being contacted by the school. Your child will be isolated from other children and kept comfortable until a parent arrives. It is the policy of the preschool to immediately attempt to reach either the parent or identified authorized individual when a child is sick or injured. If your child is sent home with a fever, diarrhea, vomiting, or unknown rash, he/she may not return to school until he/she is free of symptoms for at least twenty-four (24) hours. **A child may not return the following day,** even if the fever, diarrhea, vomiting, or rash is gone that morning.

In some cases of illness, such as conjunctivitis (pink eye) or unknown rash (ring worm), a Doctor's note will be required before your child is allowed to return to school. Below is a list of contagious illnesses:

If your child has any of the following symptoms or illness he/she may not attend school that day:

- |                               |                                |              |
|-------------------------------|--------------------------------|--------------|
| - Fever/Chills                | - Diarrhea/Vomiting            | - Impetigo   |
| - Severe coughing             | - Difficult or rapid breathing | - Measles    |
| - Yellowish skin or eyes      | - Conjunctivitis (pink eye)    | - Hepatitis  |
| - Skin rash of unknown origin | - Nits on hair from head lice  | - Ring Worms |
| - Scabies                     | - Strep Throat                 | - Rubella    |
| - Chicken Pox                 | - Open Lesions                 | - Mumps      |
| - Lice                        |                                |              |

**If your child, or any member of your household, has a contagious illness please notify the Preschool at once.** Written notification will be sent home during known exposures to infectious disease.

\_\_\_\_\_ **Initials**

# Learning Lab Preschool

## MEDICATION POLICY

**MEDICATION POLICY:** Medication will be administered at school only when the following guidelines are followed:

1. Prescription medication – the prescription must be made out for the child in treatment, dated pertinent to the current illness, and the dosage clearly marked.
2. Prescriptions for siblings or other family members will not be given, nor will medication in “simple” bottles other than the prescription container.
3. Over-the-counter medication will be given ONLY if the medication has a prescription label stating the child’s name, dosage, and dates pertinent to illness. **Pharmacists will type a label to clarify dosage, without a doctor’s prescription.**
4. Aspirin, Tylenol, Motrin, Advil, cannot be given to a child at school except with a doctor’s prescription, which states a pertinent reason for administering this drug. **Pharmacists will type a label to clarify dosage, without a doctor’s prescription.**

For all situations involving medication, release forms must be filled out and signed by the parent for each series of medication given to a child. This form must be given to the child’s teacher along with the medication. All medication is kept in the refrigerator and must be in a child-proof container. **No unauthorized medication will be allowed.**

Please do not send medication to school without following school policy. Do not send medication, to include vitamins/sunblock in children’s pockets. Do not leave in child’s cubby. Place on director’s desk or give to a teacher.

All drugs, no matter how harmless they may seem, could do damage if taken in the wrong quantity or by the wrong child. We want to take every precaution to keep your children safe. We appreciate your adherence to these policies. We have your child’s best interest at heart. Thank you for helping us to maintain a safe and healthy environment.

I have received, read, and I agree to abide by Learning Lab Preschool’s Illness and Medication Policies.

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PARENT SIGNATURE

DATE

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CELL NUMBER

# Learning Lab Preschool

## CHILDREN'S FOOD ALLERGY FORM

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

DOB \_\_\_\_\_

If your child is allergic to specific foods, please list below in order for us to best serve their individual needs:

**Must be documented on DSS LIC form 701-Physician's Report-Child Care Center**

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Please read the preschool menu and the meals we have planned to serve your child. Please HIGHLIGHT or CIRCLE any meals in question. Return this form and the menus IMMEDIATELY for the preschool staff to care for your child to the best of our ability. If you have any concerns or questions, please bring them to the attention of the director or teachers as soon as possible.

Please sign and date this form and return to the director to assure that you have thoroughly read the entire preschool menus and have brought to our attention any meals that your child may not consume.

Thank you for your attention to this matter. The safety of your child is our top priority.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



## Sunscreen Authorization Form

(Sunscreen brought from home)

Child's Name:	Date of birth:
Name of sunscreen and SPF:	Active Ingredients:
Start Date:	Stop Date:
Times to be applied:	Possible side effects:
Special Instructions: (Include previous sunscreen reaction)	

Reason for medication: Protection from the sun

Amount to be given: Covered exposed areas of skin

Route: Topical

Storage: Room temperature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's signature