

Inquiry Form

<u>Form</u>	<u>Completed (parent Only)</u>	<u>Received on (Center Only) XX /XX/XXXX</u>	<u>Reviewed by (center Only)</u>
*Emergency Form			
*Blood Lead Test			
*Health Inventory			
All About Me Packet			
Permission to Photograph			
Parent Handbook (Signed)			
Meal Benefit Application			
Child Care Enrollment Form			
Copy of Valid Photo Id			
Tuition Express Form (see Ms.Robinson)			
Release Policy			
Confirmation Form			
Message/ Email Authorization			
Emergency Evacuation Site and plan (see director)			
*Immunization Records			

*To be completed by Pediatrician

Print for your Records

Center Emergency Contact Info.		
Summer Supply List		
Center Closings		
Ashtma		
Allergy		
Seizure Form		
Wic Flyer		
Building For the Future		

All parents/ guardians must attend a parent orientation session before any child can officially start at Little People Development Center, LLC. The Parent orientation session is mandatory and children may not attend.

Keep Me Home If...



Seattle King County Department of Public Health

When Your Child is Sick:

1. Have plans for back up child care.
2. Tell your caregiver what is wrong with your child, even if your child stays home.

Inquiry Form

Greetings,

Welcome to Little People Development Center, LLC.

I am so delighted that you have entrusted your child's future with us! Let me be the first to say that you have made a wonderful decision! Every inch of

L.P.D.C. was designed with children and families in mind! I have an extensive history of training and education in the Early Childhood field.

Little People Development Center started as a family/ home daycare with a capacity of eight children, where I operated alone Monday through Friday. Amazingly, the home daycare outgrew its space as my wait list increased.

We were granted the opportunity to expand and open very first center in 2019!.

Months of planning, training, preparing, remodeling and staffing took place just for you and your little ones! I look forward to a successful start to your child's Early childhood education! I thank you for choosing Little People Development Center LLC and I look forward to working with your child!

Thank you,

Priscilla Robinson, CEO



Inquiry Form

2024 Childcare Tuition Rates

Starting January 1, 2024 a non-refundable deposit of \$185.00 is due at the time of registration per child. Tuition is billed bi-weekly on Tuesday and due on Thursday for the next week of care. All payment can be made on the Procure App.

Full Time Infants: (6 weeks-23 months) NO PART TIME

\$420.00

Full time: Two- year old

\$305.00/week

Part Time: Two year old

\$270.00/ week

Full Time: Three year old

\$285.00/week

Part time: Three year old

\$255.00/week

Full Time Four Year old

\$270.00/week

Part Time: Four year old

\$245.00/week

Full Time Five year old

\$260.00/week

Part time Five year old

\$235.00/week

Inquiry Form

Maryland State Department of Education

Child and Adult Care Food Program

INFANT FORMULA/BREASTMILK MEAL PLAN

Center/Provider Name: _____

Dear Parent(s)/Guardian(s):

This center/provider offers _____ iron-fortified infant formula to
name of formula

all enrolled infants at no charge. It is your option whether or not to accept this formula. All formula provided to infants at this facility must be iron-fortified in accordance with Child and Adult Care Food Program regulations.

Check one of the following options:

_____ I accept the iron-fortified infant formula offered by this facility.

_____ I do **not** accept the iron-fortified infant formula offered by the facility. I will supply the following
iron-fortified infant formula for my infant: _____
name of formula

_____ I will provide expressed breastmilk for my infant.

I understand that I must supply sufficient iron-fortified infant formula or expressed breastmilk each day to meet my child's needs. Bottles must be labeled with my child's name, dated, and taken home daily.

Child's name: _____

Child's date of birth: _____

Signature of Parent/Legal Guardian

Date

All food and beverages served to infants in this facility must be in compliance the Child and Adult Care Food Program meal pattern requirements.

Infant (6weeks-23months) Daily Schedule

Name:

Birthday:

I can eat

I sleep

I like

I can't have

How often do I get a bottle (Every _ hours)?

Special Request/ Goals:

Parent Signature _____ Date _____

Little People Development Center: Infant Room/ Parent Expectations (update every 3 months)

Infant Necessity List

Please be sure to label everything!

All food must be nut free and sea-food free. Infants are served whole milk. Infants are assigned to their own crib or cot (depending on age and mobility). Infants must sleep on their back without pillows, toys, objects inside of the crib.

Pampers (Recommend supplying 10 per day)

Wipes (A minimum of 3 packs- used for private area, face and body)

Thin Blanket (Receiving blanket)

1- Three -inch, ring binder with plastic insert cover (white)

(3) Change of clothes (including socks)

Pre-made bottles (Minimum of four bottles)

Jar food (If able to consume)

Ointment or medication with medication administration form

Burp Cloths (if necessary)

Snacks (nut free- labeled with name)

Pacifier with CLIP (if child uses)

Bibs (if child uses)

Undershirts (if child uses)

1- Hand sanitizer (any size, any brand)

1-Hand soap (prefer Soft soap brand- any size)

2-Roll of paper towels

1- Box of gloves (disposable/ any brand – Large size)

Teething toy or ring (for personal use only)

Inquiry Form

Thank you for inquiring with Little People Development Center LLC.! Please complete the inquiry form so that we may better serve you!

Today's Date: _____ Child's full name: _____

Child's age: _____ Gender: Male Female

Child's birthdate: _____

Parent/ Guardian full name: _____ Contact No. _____

Parent/ guardian email: _____

Home address: _____

Anticipated start date: _____

Day's child care is needed: _____ Hour's child care is needed: _____

Do you receive child care vouchers/ subsidy? _____

Do you anticipate on receiving child care vouchers/ subsidy? _____

Has your child attended child care before? _____ Where? _____

Are you currently enrolled at a child care home/center? _____ Where? _____

How did you find out about our program? _____

Reason child care is needed? _____

Have you or your child ever been terminated from a child care facility? _____. If yes please explain

_____.

FOR OFFICE USE ONLY

Director's Feedback

Follow up to be done on: _____

ALL ABOUT ME

My full name is _____.

My nickname is _____.

I am _____ months old or _____ years old.

I was born at _____ hospital.

I have _____ brothers and _____ sisters

I have a pet(s) _____

My three favorite things to do with my parents are:

1. _____

2. _____

3. _____

My favorite toy is (blanket, rattle) _____

I can be fussy or upset if/ when:

I am very happy if/when:

How would you describe my eating habits:

How would you describe my sleeping patterns: _____

Please document any special needs _____

Inquiry Form

I have an IEP or IF yes__ or no__ if so can the provider have a copy of the documents? Yes
__ or no __

I receive services (such as infants and toddlers) yes__ or no__

Please list 3 goals that you wish to accomplish within the next 3-6 months

1. _____

2. _____

3. _____

My favorite(s) songs are:

Please check:

I rest/ sleep on my back yes__ or no__

Reason for leaving previous daycare (if checked yes):

Previous daycare: _____

I separate well from my parents: yes__ or no__

I enjoy going outdoor play yes__ or no__

I use a pacifier yes__ or no__

I suck my thumb yes__ or no__

I am fully toilet trained yes__ or no__

I am a picky eater yes__ or no__

I play well with others yes__ or no__

Inquiry Form

This is my first time in childcare yes__ or no__

I transition well between activities yes__ or no__

I can feed myself yes__ or no__

I have recently experienced a loss (family member, pet)?

Yes__ or no__.

If yes, explain_____.

I am able to feed myself yes__ or no__

I participate in sports or extra-curricular activities

Yes__ or no__.

If yes, explain_____

Please use this space to include any information that Ms. Priscilla should know about your child.

Inquiry Form

Center Emergency Contacts

Center Director: Priscilla Robinson

Center Name: Little People Development Center, LLC

Center Address: 194 German Hill Road

Dundalk, Maryland 21222

Center Phone number: 410-288-1230

Center Fax number 410-288-1206

Police, Fire, Emergency 911

American Association of Poison Control Center:

(800) 222 – 1222

Child Protective Services:

(410) 853 – 3000

(410) 386 – 3434

Baltimore Gas and Electric: (800) 685-0123

Childcare Subsidy 1-877-227-0125

Health Department 410-876-1252

Fire Department NON- EMERGENCY: 3-1-1

Office of Child Care, Region 3; Baltimore County:

(410) 583 – 6200

Stratt Security (Fire Alarm System): (410) 444-2800

ADT (Security/ Surveillance System): 1(800)

280-6946

Inquiry Form

Hello,

Little People Development Center is required to distribute the following CACFP forms to all households.

Please sign and date that you received ALL documents:

- Letter to households (Keep at home)
- Meal Benefit Application (MBA) – (Return to FPELC)
- MBA instructions (keep at home)
- Child Care Enrollment Form (Return to FPELC)
- WIC Fact Sheet (Keep at home)
- Building for the future flyer (Keep at home)

Child's Full Name

Print Parent/ Guardian Full Name

Signature

Today's Date

Inquiry Form

Hello,

In effort to keep all families in the loop of exciting news, events, updates, and important information happening at Little People Development Center we would like to send you text messages and emails. LPDC. highly recommends that all parents and guardians sign up to receive text messages in the event of delay, closing and/ or emergency. In order to receive text messages, you **MUST** list your cell phone carrier/ provider (Verizon, Sprint, T-Mobile etc.). Also, if your phone provider/ carrier, cell phone number or email address changes at any time, in order to receive messages from LPDC. you must update that information in our system via the director.

Yes. I _____ authorize Little People Development Center, LLC. to send automated messages to my email address and personal cellular phone. My cell phone number is (____) _____ - _____. My current phone carrier is _____.

Email address: _____

NO. I _____ do not authorize . Little People Development Center, LLC to send automated messages to my personal cellular phone or email address

Please sign that you were given the option to accept or decline this service. Please sign that you understand the terms and conditions of this service. Any fees or charges associated with receiving text messages will not be the responsibility of Little People Development Center, LLC

Parent Signature

Today's Date

Inquiry Form

**Little People Development Center
194 German Hill RD Dundald, Maryland 21222**

Dear Parents/Guardians,

Providing for your child's safety when they are in our care at Little People Development Center is a major responsibility of the staff. All schools and child development centers are required to have a disaster plan. I am prepared to make prompt and responsible decisions in any situation that could threaten the safety of your child. The need to close the center and evacuate the students before the regularly scheduled closing time could arise from a relatively minor emergency such as a prolonged interruption of power or from a major event such as a fire, earthquake or severe storm. At times, communication and/or transportation may be disrupted.

Release Policy (in the event of an emergency)

- No child will be dismissed from the center unless a parent (or individual designated by a parent) comes for him/her.
- No child will be allowed to leave with another person, even a relative or baby sitter, unless we have written permission to that effect or that particular person is listed on the child's emergency form in our files and is able to identify him/herself. If your contact information changes, remember to call the office to request a new emergency form so that those changes can be made and documented.
- All designated persons that come for children must sign out. We are prepared to care for your child in emergency situations. If you are not able to reach the day care, we will care for your student until designated person(s) arrive. We will be in communication with local emergency services as well at this time.

Emergency Evacuation Sites

Please find listed below the Emergency Disaster site for this center. When we call to alert you of the emergency, our location is:

Poor Boys Sports
2 German Hill
Dundalk, Maryland 21222

Over the next year, your child will be learning the necessary emergency procedures. She/he will learn how to respond, assemble and what to expect in the event of an emergency. If you have any questions, comments, or concerns about our emergency preparations, please call the main line at 410-288-1230.

Sincerely,
Priscilla Robinson, Director

Print Full name

Date

Sign Full name

Date

Inquiry Form

Little People Development Center, LLC.

Photo Release Policy

Little People Development Center, LLC. would like to use images/videos of children, taken at day care or daycare -related events, in any .Little People Development Center, LLC publications and promotional material. This may include use of print materials, presentations, flyers, and postings on the Little People Development Center, LLC. website and Facebook/ Instagram page(Other sites: Yelp, Nextdoor, Craigslist, Youtube, Care.com, Child Locate, Towson Times, Baltimore Child, Google.com, etc.) I understand that these photos will be used for the sole purpose of promoting, and/or advertising for Little People Development Center, LLC . Pictures used are permanent and will not be removed from any form of media once parent/guardian authorizes Little People Development Center, LLC. to use (even after the child is removed from LPDC care). No exceptions.

Please complete the following:

 Yes, I give permission for Little People Development Center, LLC to use my child,
_____ photographs for publications, advertising and promotional
purposes.

 No, I do NOT give permission for Little People Development Center, LLC. to use my child,
_____ photographs for publications, advertising and promotional
purposes.

Parent Signature

Today's Date

If you change your mind at any time, parents/guardians must re-submit this form.

Inquiry Form

Acknowledgement and Agreement

Please sign and date that you are fully aware and agree to Little People Development Center, LLC. Early program guidelines, rules and procedures. We follow the same guidelines as Maryland State Dept. of Education. Please sign that you are aware that some policies and procedures can change at any time with or without notice. Please sign that you understand your role and responsibility as the parent/ guardian. Any questions or concerns should be addressed before signing and submitting this handbook.

Please sign and return:

I understand the rules and regulations governing the operation of the center. This is a legal binding contract and will be used for future reference.

Print Name

Signature