



# ENROLLMENT PACKET

We are so excited that you have selected Erma L. Williams Learning Center for your scholar. Here is your checklist to finalize your enrollment with us!

## ENROLLMENT PACKET FORMS

- Enrollment Form
- School Supplies
- Signed Discipline Policy
- Signed Child Illness Policy
- Signed Financial Policy
- Getting to Know You Questionnaire
- State Child Medical Examination Report

## REQUIRED DOCUMENTS

- Copy of Immunization Records
- Copy of Birth Certificate
- Copy of Social Security card

## REQUIRED FEES

- Registration fee \$75 (Non-refundable)
- Class book fee (N2/N3 classes \$90, K4 class \$120, K5 class \$175)
- Activity Fee \$150

Enrollment Process: Please allow 48 hours for admission and 72 hours for enrollment. All scholars will start on a Monday, unless otherwise stated. Please reach out to enrollment at [ELWLearningCenterEnrollment@gmail.com](mailto:ELWLearningCenterEnrollment@gmail.com) with any questions you may have.



**Child Information**

Child's Name (First, Middle, and Last Name)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (City, State, Zip Code)	Birthday / /

**Parent Information**

Mother/Guardian Name	Email Address	Home Phone
Address ( <input type="checkbox"/> check if same as the child's address)		Cell Phone
Name of Employer/School Attending		Work Phone
Employer/School Address (City, State, Zip Code)		Work Schedule
Father/Guardian Name	Email Address	Home Phone
Address ( <input type="checkbox"/> check if same as the child's address)		Cell Phone
Name of Employer/School Attending		Work Phone
Employer/School Address (City, State, Zip Code)		Work Schedule

**Emergency Contact & Authorized Child Pickup**

First and Last Name	Relationship to Child	<input type="checkbox"/> Child Pick-up <input type="checkbox"/> Emergency Contact
Address (City, State, Zip Code)		Phone Number
First and Last Name	Relationship to Child	<input type="checkbox"/> Child Pick-up <input type="checkbox"/> Emergency Contact
Address (City, State, Zip Code)		Phone Number
First and Last Name	Relationship to Child	<input type="checkbox"/> Child Pick-up <input type="checkbox"/> Emergency Contact
Address (City, State, Zip Code)		Phone Number



### Authorization for Emergency Medical Care

I understand that I will be notified at once in case of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. I agree to accept the financial responsibility for all medical expenses incurred.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize Erma L. Williams Learning Center and its personnel to contact the following:

MEDICAL FACILITY & PHYSICIAN	
Name of Preferred Clinic/Hospital	Phone Number
Preferred Clinic/Hospital Address (City, State, & Zip Code)	
Physician's Name (Last & First Name)	Phone Number

### Child's Health History & Current Health Problems

- My child is in good health, is able to participate in group care, has no special or medical requirements.
- My child is able to participate in group care but has special health or medical requirements as listed below.

SPECIAL HEALTH OR MEDICAL REQUIREMENTS
List all allergies, special medical conditions, including chronic health problems.
List all special medications and/or restrictions.



**Authorization for Photo Release**

- I grant permission to the Center to take and use photographs and/or digital images of my child for use in newsletters and/or promotional materials. These materials might include printed or electronic publications, web sites, social media pages or other electronic communications. I further agree that only my child's first name may be revealed in descriptive text or commentary in connection with the image(s).

I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Erma L. Williams Learning Center.

- I grant permission to the Center to take and use photographs and/or digital images of my child only for display within the Center.
- I do not grant permission to the Center to take and use photographs and/or digital images of my child.

**Authorization for Field Trips & Excursions**

- I give permission for my child to participate in all field trips and excursions with the understanding that I will be notified in advance of any field trips and excursions and any related cost.
- I give permission for the Center to transport my child to the planned activity and back to the Center.
- I do not give permission for my child to participate in any field trips and excursions.

**Acknowledgments**

	Parent/Guardian Initials
A. I acknowledge the required health and safety inspections forms are on file at the Center and are available for review upon request.	
B. I acknowledge that when my child is ill, my child may not be accepted for care or remain in care at the Center.	
C. I acknowledge that I may request, at initial enrollment or any time thereafter, the number of children currently enrolled in or attending the Center that have an immunization status of exempt.	



Items of Acknowledgment, <i>continued</i>	Parent/Guardian Initials
D. I acknowledge that our family has received the Erma L. Williams Learning Center Policies Parent Handbook. I understand the policies and procedures contained in the handbook and I agree to adhere to all school policies.	
E. I acknowledge that the Center's programs, policies or procedures are subject to change to reflect the needs of the children and families we serve or as required by our licensing agencies. The Center will inform parents of changes taking place whenever possible in a timely fashion.	
F. I acknowledge that I am responsible for informing the Center of any changes in the authorizations or information provided in this enrollment form.	

Signature		
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date

**FOR OFFICE USE ONLY**

Form Retention: One (1) year after discharge.	Admission Date / /
Filing: File form in child's individual record.	Discharge Date / /

Student Fees	Amount	Date Paid
Registration Fee		
Book Fee		
Activity Fee		



Class Supply List  
Erma L. Williams Learning Center

Please label you child's belonging with first and last name.

### **Nursery Two Only**

- Packages of Wipes (as needed)
- Packages of pull-ups-- easy open velcro sides (as needed)

### **Nursery Two & Three Class**

- Two (2) complete set of clothes—bottom top, socks, and underwear—suitable for the season.
- Two (2) boxes of Kleenex
- One (1) box of crayons (16 count)
- One (1) glue stick
- One (1) two-pocket folder
- One (1) fitted crib sheet for nap time
- One (1) flat crib sheet for nap time
- One (1) backpack for nap time sheets

### **K-Four & Five Class**

- Two (2) complete of clothes—bottom top, socks, and underwear—suitable for the season.
- Two (2) boxes of Kleenex
- One (1) box of markers (16 count)
- One (1) box of crayons (24 count)
- One (1) glue stick
- One (1) two-pocket folder
- One (1) fitted crib sheet for nap time
- One (1) flat crib sheet for nap time
- One (1) backpack form nap time sheets



## Discipline Policy Erma L. Williams Learning Center

The purpose of the disciplinary policy of the Erma L. Williams Center is to facilitate the maturation process among students, teach good moral character and to direct those students toward productive citizenship in a democratic society and a Christ-centered atmosphere.

**Verbal Correction** — In some instances the director/teacher may correct the student by using a verbal reprimand.

**Deprivation of Privileges** — In some instances the director/teacher may correct the student by withholding privileges for a limited period of time.

**Safe Space** — In some instances the teacher may correct the student by sending them to the director's office if the child become disruptive and the teacher is unable to remain in control of the entire classroom. If the director deems it necessary the parent will be called.

- A report will be placed in the students file and a copy given to the parent(s).
- If the student continues to display the same behaviors and has three (3) written warnings for misconduct, the child may be placed in our recovery phase, if the director deems it necessary.

**Recovery** — If a student becomes uncontrollable, not willing to listen and displays the behavior listed below, the parents will be called and the student could be placed in recovery for a time deemed suitable by the director or discharged from the program.

- Negative attitude in response to verbal correction: rolling eyes, raising voice, yelling, screaming and tantrums.
- Acts of Violence/Aggression accidentally or deliberately: hitting, spitting, kicking or pushing.

All this in keeping with our biblical philosophy  
and purpose of this discipline policy

*Proverbs 13:24 and Proverbs 29:15*

I understand and agree with the Discipline Policy and I authorize the Center to administer the provisions in this policy.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

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## Child Illness Policy Erma L. Williams Learning Center

It is our desire to keep everyone free from contagious illness as such this policy has been implemented and will be followed strictly:

**Fever:** Children will be sent home if their temperature is 100.0 degrees or higher and must stay home the next day for observation. Children must be free of fever (any temperature above 98.6 degrees) for at least 24 hours without the use of fever reducing medication.

**Rash:** Any rash other than a common diaper rash or skin irritation will require that child to be sent home for an evaluation and diagnosis from their doctor in writing of exactly what it is. They may return to school based on that written doctor's evaluation, and clearance that it is not contagious.

**Conjunctivitis (pink eye):** Children will be sent home if there appears to be an unusual amount of discharge from or irritation to their eye(s) and must stay home the next day for observation. Before returning to school, they will need an evaluation and diagnosis from their doctor in writing of exactly what it is. If the diagnosis is BACTERIAL CONJUNCTIVITIS children must have received at least 24 hours of treatment. If the diagnosis is VIRAL CONJUNCTIVITIS your child may return AS LONG AS THERE IS NO DISCHARGE. IF in fact your child does not "pink eye" we need a doctor's note with a diagnosis and a clearance that it is not contagious.

**Thick -White, Green or Yellow Discharge:** Children will be sent home if they appear to have any thick white, green or yellow discharge. This is often indicative of an infection and they must stay home the next day for observation. Before returning to school, they will need an evaluation and diagnosis from their doctor in writing and at least 24 hours of treatment. If in fact they do not have an infection, we need a doctor's note with a diagnosis of exactly what it is with a clearance that it is nothing contagious.

**Diarrhea:** Children will be sent home if they have three or more loose bowel movements in one day and must stay home the next day for observation. Before returning to school (after the day of observation) children must be free from diarrhea for 24 hours with at least 1 regular bowel movement. If your child has one or more loose bowel movements on their first day back, they will again be sent home.

**Vomiting:** Children will be sent home if they vomit and must stay home the next day for observation. Before returning to school (after the day of observation) children must symptom free with no vomiting for at least 24 hours.

**Persistent Hacking Cough:** Children will be sent home if they have a persistent hacking cough and must stay home the next day for observation. Before returning to school, they will need an evaluation and diagnosis from their doctor in writing and at least 24 hours of treatment. If in fact they do not require any treatment, we need a doctor's note with a diagnosis of exactly what it is with a clearance that it is not contagious.

**Lice:** Children will not be readmitted until 24 hours after treatment and must be nit free. The Director or a Lead Teacher will make an evaluation and determine if the child can be readmitted.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

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## Financial Policy Erma L. Williams Learning Center

### Enrolment and Re-Enrolment Fees

All enrollment fees (registration, book, and activity fees) are due at the time of enrollment. The registration fee is not refundable.

### Tuition Payment Options

The school fee is an annual fee. For convenience fee can be paid termly. If this date of payment falls on a weekend, payment must be made on or before the last business day before this date. Choose one the three available payment options:

- Option 1: Annual payment. Due at time of enrollment.
- Option 2: Monthly payment. Due on the 10<sup>th</sup> day of the month.
- Option 3: Bi-Weekly payment. Due on the 1<sup>st</sup> and 15<sup>th</sup> day of the month.

### Method of Payment

Payment can be made by (1) cash, (2) check, (3) money order, or (4) online via Cash App or Pro Care App. You may drop-off payment at the administration office or give to the Center Director. **Note:** If you choose to pay online, see Center Director for payment details.

When paying by check or money order, please make checks or money orders payable to “*The Erma L. Williams Learning Center*” and mail to the below address:

Paseo Baptist Church  
Erma L. William’s Learning Center  
2501 The Paseo  
Kansas City, MO 64108

### Default and Late Payments

A \$45 fee will be assessed each time a payment is dishonored by your financial institution.

A \$25 late fee will be assessed for each payment that is submitted five (5) days after the due date.

### Outstanding Fees

Any outstanding fees from the previous year must be settled before the start of the new academic year. If such fees are not settled the student will not be allowed to come back to school. No exceptions will be allowed in this regard.

I understand and acknowledge I financially responsible for all tuition payments and I will make tuition payments in accordance with this Financial Policy.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

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# Getting To Know You Questionnaire

Erma L. Williams Learning Center

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

How many children are in your home? \_\_\_\_\_

First Name	Age	First Name	Age

What is your child's favorite color? \_\_\_\_\_

What is your child's favorite toy? \_\_\_\_\_

What is your child's favorite book? \_\_\_\_\_

What is your child's favorite TV Show? \_\_\_\_\_

Describe your child's personality:


My child is great at:


My child needs extra help with:


Something I love about my child is:


Has your child ever been in a Child Care setting before?  Yes  No

