



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

2023 Orientation Packet Checklist

Forms	Received
Application	
First Month Calendar	
Parent Handbook Agreement	
Current Immunization Record	
Medical /Religious Exemption Form <i>(if applicable)</i>	
Child Release Authorization	
Child Emergency Information	
Field Trip Authorization	
Photo Release Authorization	
Transportation Authorization	
Topical Skin Products Authorization	
Financial Agreement	
AutoPay <i>(optional)</i>	
\$25 per-child Registration Fee (cash/check*)	
\$150 per-family Deposit (cash/check*)	

***CHECKS MUST BE MADE OUT TO: SKAGWAY CHILD CARE COUNCIL
(Not Little Dippers)**



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

APPLICATION FOR LITTLE DIPPERS LEARNING CENTER

Date of Enrollment: _____

Child's Name: _____ Birth Date: _____
 First Middle Last

Skagway Physical Address: _____

Local Mailing Address: _____

Phone: _____ Email: _____

Parent #1 Contact Information	Parent #2 Contact Information
Name: _____	Name: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Winter Contact Address: _____

Winter Contact Phone Number: _____

In case of emergency or illness and the parent/guardian above, Little Dippers may contact:

Emergency Contacts	Relationship	Phone #
1.		
2.		
3.		

HISTORY OF CHILD

PHYSICAL HEALTH

Are there any past or present health conditions of which Little Dippers should be made aware?
(Asthma, allergies, headaches, seizures, indigestion, etc.)

List any dietary restrictions or requirements for your child: _____

List/describe any other information about your child's physical health (if necessary): _____

DEVELOPMENTAL CHALLENGES/CONCERNS

Please check those which apply to your child.

____ Difficulty hearing ____ Difficulty seeing ____ Difficulty walking, running or moving

____ Difficulty with talking
or making sounds ____ Difficulty using his/her hands (such as puzzles, building with blocks,
drawing, grasping)

If you checked any, please explain: _____

DAILY LIVING

What are your child's regular eating habits? When are their snacks and meals?

How does your child indicate bathroom needs?

Word for urination: _____ Word for bowel movement: _____

Special words for body parts: _____

Please describe any bathroom patterns or potty training practices relevant for the Little Dippers Staff.
(Bowel movement patterns, use of diapers, toileting equipment)

What are your child's regular sleeping patterns? Awakens: _____ Naps: _____ Bedtime: _____

What help does your child need to get dressed? _____

How many hours per day does your child watch TV, videos, or play video games? _____

SOCIAL/EMOTIONAL/PLAY

What does your child enjoy doing most? _____

What are your child's favorite toys? _____

What age are your child's most frequent playmates? _____

How would you describe your child's personality? _____

What is the best way to discipline your child? _____

What is the best way to comfort your child? _____

Does your child use a special comforting item? _____

Describe any fears your child may have (Animals, loud noises, dark, storms, etc.): _____

Does your child have any special interests? _____

Anything else you care to share with us:



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Blank Monthly Calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

NOTES



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Guardian Handbook Agreement

(Please refer to the Guardian Handbook located on our website forms and registration page)

Please **check** the following to indicate that you have received and have read, understand, and agree to policies and procedures of Little Dippers Learning Center

Enrollment Procedure & Requirements

- Registration
- Scheduling
- Enrollment

Daily Program Basics

- Mission
- Arrival & Departure
- Diapering & Toileting
- Snack & Lunch
- Rest & Nap Time
- Important Parent Reminders

Behavior Management

- Behavior Guidance Methods
- Giving Direction & Redirection
- Enrollment Termination

Program Philosophy and Curriculum

- Program Objectives
- Parent Involvement
- Field Trips
- Curriculum/Activity Schedules

Center Policies

- Allergies
- Birthday Treats
- Biting
- Children with Special Needs
- Confidentiality
- Firearms
- Grievance
- Illness
- Immunization & Preventative Health Measures
- Lice
- Material Donations
- Open Door Policy
- Personal Property
- Pets & Animals
- Refrain from Sexual Play

- Reporting Child abuse and Neglect
- Videos and Movies
- Policy Changes

Safety Procedures

- Center Safety
- Basic First Aid
- Earthquake Procedure
- Emergency Procedure
- Fire Prevention and Evacuation Procedure
- Flood/Tsunami Procedure
- Medication Administration
- Playground Safety

About the Center

- Insurance
- Licensure
- Personnel
- Supervision of Children
- Skagway Child Care Council Board Meetings
- Volunteers

Forms Required in Child's File:

- Application
- Parent Guide to Licensed Child Care: State of AK
- Financial Agreement
- Parent Handbook Agreement
- Child Emergency Information
- Current Immunization Record
- Religious Exemption Form (if applicable)
- Child Release Authorization
- Field Trip Authorization
- Topical Skin Products Authorization
- S.M.A.R.T. Transportation Authorization
- Photo Release Authorization

I HAVE READ AND UNDERSTAND THE PARENT HANDBOOK CONTENTS. I understand that this is not a contract and the policies and procedures may be changed. I agree to the terms of Little Dippers Learning Center. If I have any concerns, I will promptly address the Administrator of Little Dippers.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Current Immunization Record

- Please submit you current immunization records at time of registration
- Little Dippers Learning center will also ask all guardians to update all immunization every July for State of Alaska requirements to be upheld



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Medical /Religious Vaccination Exemption Form (If Applicable)

- Not included in this registration packet is the Alaska Immunization Medical / Religious Exemption form. If your child is in need of the exception form, please refer to our website form, cost and registration page to find a link to the state's form
- The State form will need to be signed by the child's medical provider and notarized.
- Little Dippers Learning center will also ask all guardians to update their exemption form every July for State of Alaska requirements to be upheld



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Authorization to Release Child

The following person(s) are authorized to pick up my child from
Little Dippers Learning Center.

Name	Relationship	Phone #
1.		
2.		
3.		
4.		
5.		

Parent/Guardian Signature

Date



CHILD EMERGENCY INFORMATION

Items indicated with an * are required by Child Care Licensing regulations 7 AAC 57, Medical Administration regulations 7 AAC 10.1070, and/or Child Care Assistance regulations 7 AAC 41.

CHILD'S INFORMATION

*Child's Name:	*Date of Birth:
Siblings Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s):	Any Custody Arrangements/Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No Special Instructions/Comments:

PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION

*Name:	*Relationship:	Name:	Relationship:
*Cell Phone: Email Address:	*Home Phone:	Cell Phone: Email Address:	Home Phone:
Physical Home Address:		Physical Home Address:	
Place of Employment/Other:		Place of Employment/Other:	
*Employment or Other Main Phone:		Employment or Other Main Phone:	

PERSONS AUTHORIZED TO PICK-UP CHILD

List the names and phone numbers of persons who can pick up your child. You must include at least one name and phone number of an individual who can assume responsibility for your child if you cannot be reached immediately in an emergency. Clarify whether these individuals can pick up the child in emergency situations and/ or at other routine times.

Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine



CHILD CARE LICENSING AND CHILD CARE ASSISTANCE PROGRAMS
Child Care Program Office

CHILD EMERGENCY INFORMATION

Items indicated with an * are required by Child Care Licensing regulations 7 AAC 57, Medical Administration regulations 7 AAC 10.1070, and/or Child Care Assistance regulations 7 AAC 41.

CHILD'S INFORMATION

*Child's Name:	*Date of Birth:
Siblings Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s):	Any Custody Arrangements/Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No Special Instructions/Comments:

PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION

*Name:	*Relationship:	Name:	Relationship:
*Cell Phone: Email Address:	*Home Phone:	Cell Phone: Email Address:	Home Phone:
Physical Home Address:		Physical Home Address:	
Place of Employment/Other:		Place of Employment/Other:	
*Employment or Other Main Phone:		Employment or Other Main Phone:	

PERSONS AUTHORIZED TO PICK-UP CHILD

List the names and phone numbers of persons who can pick up your child. You must include at least one name and phone number of an individual who can assume responsibility for your child if you cannot be reached immediately in an emergency. Clarify whether these individuals can pick up the child in emergency situations and/ or at other routine times.

Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine
Name:	Daytime Phone:	Cell:	<input type="checkbox"/> Emergency <input type="checkbox"/> Routine



MEDICAL INFORMATION AND RELEASE FOR MEDICAL CARE

Items indicated with an * are required by Child Care Licensing regulations 7 AAC 57, Medical Administration regulations 7 AAC 10.1070, and/or Child Care Assistance regulations 7 AAC 41.

Child's Name:	Child Care Facility:
<p>*Health Concerns</p> <p><input type="checkbox"/> My child has <u>no</u> health concerns, including allergies or medications</p> <p>-OR-</p> <p><input type="checkbox"/> My child has the following health concerns:</p> <p>Medication, medical, or other treatments: _____</p> <p>Allergies (including foods, drugs, other): _____</p> <p>Additional Needs/Concerns (ex: dietary, health related services, special needs, behaviors) _____</p> <p>Medication Administration Authorization Form on File (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

PREFERRED PHYSICIAN AND MEDICAL FACILITY INFORMATION

*Physician's Name:	Physician's Phone:
*Preferred Hospital:	

I verify the information contained on this record is correct and complete. I hereby give the permission for emergency medical treatment, including emergency transportation to a health care facility, for my child. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible, and that I will assume the costs associated with emergency medical care/transportation, if needed. I also understand it is my obligation to keep my child care provider informed of my whereabouts. This authorization remains valid until revoked by myself. *

_____*_____

Signature of Parent or Legal Guardian Date Signed

*This information must be reviewed and updated by the child's parent at least semi-annually and when new information becomes available.									
Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial	Date & Initial



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Field Trip Authorization

We take the children on walking field trips to the Rec. Center playground, Skagway Public Library, Skagway School playground, Molly Walsh, Seven Pastures, and short cart rides and walks close to the center. Below are additional field trips in which we ask your permission. Please check those in which you permit the staff of LDLC to take your child. All other field trips not listed on this form will have their own, specific permission form.

- Lower Lake
 - Rec Center
 - Smugglers Cove
 - Yakutania Point
 - Reid Falls
 - Skagway Public Library
 - Local Museums and Parks
-

Parent/Guardian Signature

Date



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Photo Release Authorization

With your permission, we may place your child's photo on our website, use it for advertising the facility or in the Parent Monthly Newsletter. Please fill out the form below to let us know your preference.

I, _____ the parent/guardian of _____,
(Guardian's name) (Child's name)

GIVE permission for my child's picture to appear in the above mentioned media.

I, _____ the parent/guardian of _____,
(Guardian's name) (Child's name)

DO NOT GIVE permission for my child's picture to appear in the above mentioned media.

Parent/Guardian Signature

Date

Please know that we will be taking all children's photos for use in such things as art projects, screensavers, and classroom decorations within the facility



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Transport Authorization

Little Dippers Learning Center:

My child _____ has permission to be transported under the supervision of a Little Dippers employee to ride in a personal, school or public vehicle.

Parent/Guardian Signature

Date



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Topical Skin Products Authorization

I give Little Dippers Learning Center staff permission to use the following topical products on my child when necessary and as prescribed by the manufacturer on the product label.

_____ Sunscreen

_____ Hydrating Lotion

_____ Insect Repellent

_____ Bactine Spray

_____ I do not give permission for LDLC staff to use the products listed above on my child.

_____ I give permission for the LDLC staff to use the products on my child that I have provided.

Child's Name

Parent/Guardian Signature

Date



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Little Dippers Learning Center Financial Agreement 2023

I UNDERSTAND THAT: (Please initial on each line)

Registration Fees

_____ At the time of registration, I will pay a non-refundable registration fee of \$25.00 per child. This fee must be paid before any space is reserved for your child. **(E-Payment or check only, no credit cards)**.

_____ At the time of registration, I will pay a refundable \$150.00 per family deposit **(E-Payment or check only, no credit cards)**, which will appear as a credit to my final bill.

ALL CHECKS MADE PAYABLE TO SKAGWAY CHILD CARE COUNCIL

Monthly Calendars

Your attendance calendars are imperative to us building both children and staffing schedules. **Revisions to the monthly schedule must be in writing to the Administrator as soon as possible, and will be approved based on the center's availability and staffing needs.** Extenuating circumstances that alter your child's scheduled days will be addressed on a case by case basis. Frequent and/or last minute schedule changes are not guaranteed to be honored.

_____ I will provide a completed monthly calendar schedule no later than the 25th of the prior month's scheduled day to reserve my child's spot. **I will be charged for the hours I reserve on file.** Billing will be based upon reserved hours and any additional hours of care noted on the daily sign-in sheet.

_____ Revisions to the monthly schedule must be in writing to the Administrator as soon as possible, and will be approved based on the center's availability and staffing needs. Extenuating circumstances that alter your child's scheduled days will be addressed on a case by case basis. Outside of the center's Illness Policy outlined in the Guardian Handbook, frequent and/or last minute schedule changes are not guaranteed to be honored.

_____ If my calendar is not received by the last day of the month, my child may lose their spot to another child on the waiting list, OR if space is available for my child, I will be required to pay the drop in rate for the next billing cycle.

<u>Ages</u>	<u>Hourly Rate</u>
0-3 Years	\$8.00
4-5 Years	\$7.50
6-12 Years	\$7.00

Other Charges

I will be charged:

- \$1.00 each time that a Dipper diaper is used for my child.
- \$5.00 each time Dippers must provide lunch for my child.
- \$1.00 per child for each minute that my child is left at the center after closing.
- \$10.00 per hour **After Hours Rate**
- \$12 fee for each returned check

Billing & Payments

I must abide by the following billing cycle and payment schedule:

Billing End Date	Payment Due
March 31	April 15
April 30	May 15

_____ I will be charged a late fee of 1.5% (min. \$30) against any outstanding balance if my account is not paid within ten days after receipt.

_____ If my account is not paid in full by the last day of the month, my child will not be admitted to Little Dippers until it has been paid.

_____ If my account is left unpaid for more than 60 days, I understand the Center will take legal action to collect any owed fees, interest, and penalties.

To help us streamline billing, please select from the billing options below:

RECEIPT OF BILL:

_____ I want to receive my billing statements via email, at this address: _____

PAYMENT OF BILL:

_____ I want to pay **all** bills with the credit card information provided on the attached Auto Pay sheet (4% processing fee applies).

_____ I will pay **all** bills electronically via Wells Fargo bank transfer or Quickbooks payments

_____ I will pay **all** bills via check at the center. Cash is not accepted. **(CHECKS MADE OUT TO SKAGWAY CHILD CARE COUNCIL).**

***Wells Fargo Banking Transfer:**

Parent pays via direct online transfer from your Wells Fargo account to Little Dippers Wells Fargo Account, with no added transaction fee.

How to setup WF online transfer and pay your bill:

- 1) Log on to your Wells Fargo Account, go to "Transfer and Pay", select "Send Money with Zelle"
- 2) You'll need to add Little Dippers to your list by clicking on "+Add Recipient". Enter the recipient's first and last name (Juliene Miles) and how you want to send money to the recipient: by our Wells Fargo account number (2017207762).
- 3) To pay your bill each month, log onto your Wells Fargo account, go to "Transfer and Pay", select "Send Money with Zelle", select your recipient (Little Dippers), select your From account, and enter the amount you want to send. If you have any questions, feel free to reach out to the bookkeeper at littledippersbilling@gmail.com

I hereby promise to fulfill the financial obligations as described in order that my child may be enrolled in Little Dippers Learning Center:

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian Signature

Date



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

CREDIT CARD AUTO PAY (Optional)

Little Dippers Learning Center offers the option to pay your bill automatically with your credit card. (MasterCard or Visa only)_This application must be filled out completely in order to qualify. We will pre-authorize your credit card to ensure that it is valid. **All information will be kept confidential.**

There will be a 4% processing fee added to your bill to cover fees and costs.

Name on credit card: _____

Credit card billing address (be sure to include zip code):

Type (visa and mastercard only): _____

Credit card #: _____

Expiration date: _____ CVV (3 digits on back): _____

Your card will be automatically processed on the first day of the billing cycle. Your credit card statement should show a charge from the Skagway Child Care Council.

_____ Please charge my credit card for all monthly child care bills (with added 4% processing fee).

I have read and agree to the following above policy and procedures.

Parent/Guardian Signature

Date