



**Little Bear's Learning  
Center  
Enrollment Packet**

**BEAR RIVER BAND of ROHNERVILLE RANCHERIA**

266 KEISNER RD LOLETA, CA 95551-9707 PHONE 707-733-1900 FAX 707-733-1923



**Parent Contract**

Parent Name: \_\_\_\_\_

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

This contract is entered into by \_\_\_\_\_ and Little Bear's Learning Center. To secure arrangements of child care for \_\_\_\_\_.

Pay Rates: Full day/ Full Time is five hours and above; Half days/ Part Time is Four hours, fifty- nine minutes and below.

Tribal Children \$35 per day/ 17.50 half day Tribal Roll # \_\_\_\_\_

Non- Tribal Children \$38 per day/ \$19 half day

Previously enrolled Infants \$50 per day/ \$25 half day

\_\_\_\_\_ 's schedule will be as follows:

Monday: \_\_\_\_\_ to \_\_\_\_\_

Tuesday: \_\_\_\_\_ to \_\_\_\_\_

Wednesday: \_\_\_\_\_ to \_\_\_\_\_

Thursday: \_\_\_\_\_ to \_\_\_\_\_

Friday: \_\_\_\_\_ to \_\_\_\_\_

**Parents Agreement:**

To pay the rate of \_\_\_\_\_ per \_\_\_\_\_ day for child care services.

To pay in full by Tenth (10) day each month.

To pay overtime rate of \$10 per 10 minutes late without notice.

To provide sunscreen, diapers, wipes, and two changes of clothing daily.

\*To provide a healthy lunch for your child.

To provide Emergency Contact.

To arrive immediately when notified of injury or illness.

Notify center if illness or injury occurs

Notify center if child will be absent

**Center's Agreement:**

To provide Child with quality education and care during hours listed; except when injury or illness occur.

To provide a safe environment

To provide appropriate activities and toys.

To provide healthy and nutritious snacks

To provide a safe and social environment (without discrimination)

Will not allow corporal punishment, verbal or mental abuse by any parties

Will not accept ill children

Center will terminate contract if no payment for care is made

Notify parent's if center availability changes

Immediate termination if a threat or safety is made by parents or child

Parents may call or visit anytime during available center hours.

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Domestic Partner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Domestic Partner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**Consent for Emergency Medical Treatment**

As the Parent, Domestic Partner, or Authorized Representative,  
I \_\_\_\_\_ hereby give consent to **Little Bear's Learning Center**  
to obtain all emergency medical/ dental care by a duly licensed physician (M.D.)  
or dentist (D.D.S.) for:

\_\_\_\_\_

This care may be given under whatever conditions are necessary to preserve the  
life, limb, or wellbeing of the child named above.

Child has the following medication allergies:

\_\_\_\_\_

X \_\_\_\_\_

Parent, Domestic Partner, or Authorized Representative

Date

As the Parent, Domestic Partner, or Authorized Representative,  
I \_\_\_\_\_ hereby give consent to **Little Bear's Learning Center**  
to obtain all emergency medical/ dental care by a duly licensed physician (M.D.)  
or dentist (D.D.S.) for:

\_\_\_\_\_

This care may be given under whatever conditions are necessary to preserve the  
life, limb, or wellbeing of the child named above.

Child has the following medication allergies:

\_\_\_\_\_

X \_\_\_\_\_

Parent, Domestic Partner, or Authorized Representative

Date

**BEAR RIVER BAND of ROHNERVILLE RANCHERIA**  
27 BEAR RIVER DR. LOLETA, CA 95551 707.733.1900, fax 733.1972



CHILD'S FULL NAME \_\_\_\_\_

SEX \_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_

MOTHER/GUARDIAN/DOMESTIC PARTNER \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS SAME AS CHILD Y/N IF DIFFERENT: \_\_\_\_\_ CITY/STATE \_\_\_\_\_

NUMBER YOU CAN BE REACHED AT IN CASE OF EMERGENCY \_\_\_\_\_ Pick up ok Y/N  
NUMBER TYPE

FATHER/GUARDIAN/DOMESTIC PARTNER \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS SAME AS CHILD Y/N IF DIFFERENT: \_\_\_\_\_ CITY/STATE \_\_\_\_\_

NUMBER YOU CAN BE REACHED AT IN CASE OF EMERGENCY \_\_\_\_\_ Pick up ok Y/N  
NUMBER TYPE

WHO IS LEGALLY AND FINANCIALLY RESPONSIBLE FOR THIS CHILD? \_\_\_\_\_

**Additional persons who may be called in an Emergency**

Name \_\_\_\_\_ Address \_\_\_\_\_ # \_\_\_\_\_ Pick up ok Y/N

Name \_\_\_\_\_ Address \_\_\_\_\_ # \_\_\_\_\_ Pick up ok Y/N

Name \_\_\_\_\_ Address \_\_\_\_\_ # \_\_\_\_\_ Pick up ok Y/N

Name \_\_\_\_\_ Address \_\_\_\_\_ # \_\_\_\_\_ Pick up ok Y/N

**PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ # \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ # \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*KEEP IN CHILDS FILE\***

**BEAR RIVER BAND of ROHNERVILLE RANCHERIA**  
266 KEISNER RD LOLETA, CA 95551-9707 PHONE 707-733-1900 FAX 707-733-1723



I, \_\_\_\_\_, the parent (s) of \_\_\_\_\_  
hereby authorize the staff of Little Bears Learning Center to feed my child sold  
foods, consisting of baby food and/or table food.

**CHILD'S INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

**CURRENT EATING HABITS**

Has your child been introduced to solids? Yes No

If yes, what type(s)?: \_\_\_\_\_

List food that they have tried at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child's meal typically consist of?

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Afternoon Snack: \_\_\_\_\_

Are there any foods that your child dislikes?

\_\_\_\_\_

Are there any foods (or types of foods) that your child should not eat while at  
the Learning Center?

\_\_\_\_\_

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**PERMISSION TO ADMINISTER MEDICATION**

I, \_\_\_\_\_ hereby give my permission to LITTLE BEARS LEARNING CENTER to give my child the following medication:

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

Name of Medication: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dosage: \_\_\_\_\_

Refrigerate: YES NO

Dates to be given: \_\_\_\_\_

Times to be given: ( ) ( ) ( ) ( ) ( )

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Possible reactions: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### Permission to Leave Little Bears Learning Center Facility

I, \_\_\_\_\_ **DO/DO NOT** give permission for my child, \_\_\_\_\_, to leave the Little Bears Learning Center facility with the Little Bears staff and enrolled children to go on walks around the Tish Non Community Center and run laps around the Tish Non gravel track. Both the staff of Little Bears Learning Center and parent(s) of enrolled children have a complete understanding the **NO** child will **EVER** be taken off of the Bear River Band of Rohnerville Rancheria - Tish Non Community Center property without prior written and verbal approval.

(, \_\_\_\_\_ **DO/DO NOT** give permission for my child, \_\_\_\_\_, to leave the Little Bears Learning Center facility with the Little Bears staff and enrolled children to the Tish Non Community Center Library. Both the staff of Little Bears Learning Center and the parent(s) of enrolled children have a complete understanding that **NO** child will **EVER** be taken off of the Bear River Band of Rohnerville Rancheria - Tish Non Community Center property without prior written and verbal approval.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BEAR RIVER BAND of ROHNERVILLE RANCHERIA**  
266 Keisner Road, Loleta, CA 95551, 707-733-1900, FAX 707-733-1727

## **PERSONAL RIGHTS:**

**Personal rights, see section 101223 for waiver conditions applicable to child care centers.**

**Each child receiving services from a child care center shall have rights which include, but are not limited to, the following:**

1. To be accorded dignity in his/her personal relationships with staff and other persons
2. To be accorded safe, healthful, and comfortable accommodations
3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse or other actions of punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting or withholding shelter, clothing, medication, or aids to physical functioning.
4. To be informed, and to have his/her authorized representative if any informed by the licensee of the provisions of law regarding complaints including but not limited to the address and telephone number of the complain receiving unit of the licensing agency and of information regarding confidentiality.
5. To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility shall be on a completely voluntary basis. In childcare centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent, guardian of the child.
6. Not to be locked in any room, building, or facility premises by day or night
7. Not to be placed in any restraining device, except of supportive restraint approved in advance by licensing agency.

**THE REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS. TO REPRESENTATIVE/PARENT/DOMESTIC PARTNER/GUARDIAN**

**You understand your rights:** \_\_\_\_\_ **Date,** \_\_\_\_\_  
Place in child's file upon satisfactory and full disclosure of the personal rights as explained.

Dear Parent's,

From time to time our friends may have the opportunity to watch a movie while at school. The movies that will be viewed are usually for educational purposes or during seasonal celebrations, such as Halloween or Christmas, etc. Movies may be rated G or PG. Please complete the form and return to Little Bears Daycare with your child. This form will be kept on file.

I, \_\_\_\_\_, give permission to Little Bears Daycare to allow my child, \_\_\_\_\_, to watch the G or PG movies for educational purposes or during seasonal celebrations.

\_\_\_\_\_ I do not grant permission for my child to watch the G or PG movies.

Parent Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_