



# Stonewall Learning Center of Bossier

943 Eatman  
Bossier City, LA 71111  
Phone: (318) 742-1245 Fax: (318) 742-1275  
August 2019—August 2021

## REGISTRATION AND TUITION AGREEMENT

It is our hope that the staff of Stonewall Learning Center provide for your child the very best in a preschool experience, cognitively, emotionally, and socially. Stonewall makes plans and commitments based upon tuition commitments. It is in this spirit that this agreement is entered into between Stonewall Learning Center and

Parent's Name			Address		
City	State	Zip	Home Phone	Work	Cell
Father Driver's License Number			Social Security Number		
Mother Driver's License Number			Social Security Number		
On behalf _____			/ _____ for enrollment in the 2019 school year		
Child's Name			Date of Birth		

\*\*Estimated date of birth (if applicable) \_\_\_\_\_

### Initial the following:

1. \_\_\_\_\_ Reasons for withdrawal/cancellation of the tuition agreement include moving out of town, health, or joint determination between the Director and Parents that Stonewall Learning Center does not meet the child's needs.
2. \_\_\_\_\_ I understand, cancellation of enrollment and your child's placement in the class room can be jointly determined by the M.C.D.C. Board and the Administrative staff of Stonewall Learning Center. If that determination is made, immediate withdrawal of your child will be necessary.
3. \_\_\_\_\_ If a child has to withdraw for any reason, the Parents are responsible for the fulfillment of the tuition agreement unless and until the position can be filled by another child.

**A Thirty (30) Day written notice of the withdrawal must be submitted to the director and balances paid in full, including the 30 day notice period at time of withdrawal.**

4. \_\_\_\_\_ I understand:

- The tuition is due regardless of my child's attendance
- Children cannot be dropped off at center between 11:00am and 2:00pm
- Insufficient fund charge is \$25.00 (Two (2) NSF result in payment by cash or debit card only
- Late pick up charge is \$5.00 per minute after 6:00pm

For perspective enrollment: Estimated date of enrollment \_\_\_\_\_

**\*\* In order to reserve a position for your child after the beginning our school year, full payment of the monthly tuition is due regardless of your child perspective enrollment date. (Example school year begin January 1, your child is starting March 1, you are obligated to pay tuition for January and February to hold your child's place in the classroom**

Has either parent been convicted of a crime or arrested? \_\_\_\_ Yes \_\_\_\_ No. If yes, which parent \_\_\_\_\_  
Explanation \_\_\_\_\_

Hours: 6:00am – 6:00pm

Fees: Registration Fee \$75.00

Classroom Fee \$50.00

Infants – Toddler \$575.00

Preschool –Pre K \$550.00

5. \_\_\_\_\_ I understand that tax statements will not be release until all balances owed are zero.
6. \_\_\_\_\_ I understand that balances unpaid over 30 days will be turned over to a collection agency for payments.
7. \_\_\_\_\_ I understand that a \$25.00 late fee will be added to my account if I still have a balance owed on the last day of the month.

# Master Card

Child's Name: \_\_\_\_\_ Sex: M / F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

	Mother	Father
Name		
Address		
Email		
Marital Status (circle one)	Married   Single	Separated   Divorced
Employer		
Home Phone#		
Work Phone#		
Cell Phone#		

Person with whom the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist:(3 yrs. and up) \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

My child has permission to be released to the following individuals, child care facilities or transportation service in addition to emergency contact persons listed below.

\_\_\_\_\_ Relationship/Phone \_\_\_\_\_

\_\_\_\_\_ Relationship/Phone \_\_\_\_\_

\_\_\_\_\_ Relationship/Phone \_\_\_\_\_

\_\_\_\_\_ Relationship/Phone \_\_\_\_\_

Does your child have any food allergies?      Yes      No

Does your child have any other allergies?      Yes      No

Does your child have any dietary restrictions?      Yes      No

Please explain any "Yes" answers here: \_\_\_\_\_

I authorize Stonewall Learning Center to secure emergency medical treatment for my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_



## CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

## MEAL BENEFIT INCOME ELIGIBILITY FORM

FREE AND REDUCED PRICE MEAL (FRPM) APPLICATION FORM (October 1, 2017 – September 30, 2018)

INSTITUTION NAME: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

## PART 1. CHILD OR ADULT ENROLLED TO RECEIVE DAY CARE (USE A SEPARATE APPLICATION FOR EACH PARTICIPANT)

Print Name of Participant:	(First, Middle Initial, Last)	Age	DOB (mm/dd/yy)
Foster Child?	Yes _____ No: _____	If participant is in Foster Care, Eligibility is FREE.	
Enter CID # for Child or Adult Care, if applicable:			Enter Foster Child's Personal Income Earned in Part 2, Section 4 (If applicable)
Enter FITAP or FDPIR # for Child or Adult Care, if applicable:			
Enter SSI/Medicaid # for Adult Day Care Only			

## PART 2. Total Household Gross Income

If you listed a CID/FITAP/FDPIR/SSI/Medicaid case # above, Eligibility is FREE (Skip PART 2.)

A. Name (List everyone in household, including child listed above)	B. Gross income and how often it was received Examples: \$100 / monthly \$100 / twice a month \$100 / every two weeks \$100 / weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

PART 3: USDA Supplemental Annual Enrollment Information: (This section must be completed annually by an adult household member for all children enrolled at Child Care Centers participating in the USDA Child and Adult Care Food Program.)

Expected Days of participation: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Expected Hours of participation: From \_\_\_\_\_ To \_\_\_\_\_ or Before School: From \_\_\_\_\_ To \_\_\_\_\_ Afterschool: From \_\_\_\_\_ To \_\_\_\_\_

Expected Meal participation: \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Snack

## PART 4. Adult Signature, Social Security Number, and Contact Information

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2)

I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_ ☐ I do not have a Social Security Number

## Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino Mark one or more racial identities: ☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

For Official Use Only: Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Month ☐ Twice a month ☐ Every two weeks ☐ Week ☐ Year Household size: \_\_\_\_\_Eligibility Determination: \_\_\_\_\_ Free ☐ CID (Food Stamp)/FITAP/FDPIR/SSI/Medicaid Eligible \_\_\_\_\_ Reduced \_\_\_\_\_ Above/ Paid

Extended Categorical Eligibility Validation Attached \_\_\_\_\_ YES \_\_\_\_\_ NO

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Consent to Release Information  
Recordings or Photographs*

I give my consent for Stonewall Learning Center to  
release information (photographs and/or  
recordings) of my child \_\_\_\_\_  
from which my child might be identified, except to  
authorized state and federal agencies.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Name		Nickname	
Sex	Birthdate	Name of previous school	
<b>Play and Sociability</b>			
How does your child get along with other children?			
His/her usual playmates are <input type="checkbox"/> Girls <input type="checkbox"/> Boys <input type="checkbox"/> Older <input type="checkbox"/> Younger			
What is the usual size of your child's neighborhood playground?			
Previous group experience other than Stonewall Learning Center <input type="checkbox"/> Preschool <input type="checkbox"/> Playgroup <input type="checkbox"/> Sunday School			
Other (Specify)			
<b>Personality and Emotional Development</b>			
Is your child affectionate? <input type="checkbox"/> Yes <input type="checkbox"/> No To whom?			
Does he/she accept new people easily? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What are your child's fears?			
Is your child usually happy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have any nervous habits?			
<b>Discipline</b>			
When you find it necessary to discipline your child, which parent usually does this and how?			
<b>Infants and Toddlers</b>			
Has your baby had any feeding problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			
Have you noticed any allergies or sensitivities to particular foods?			
Is your baby <input type="checkbox"/> Breast fed <input type="checkbox"/> Bottle fed			
What food is your baby eating now?			
Fruits		Juices	
Vegetables		Meats	
Cereals		Milk (formula)	
Sleep habits during this day			
Does your child have a "fussy" time <input type="checkbox"/> Yes <input type="checkbox"/> No When?			
How do you handle this "fussy" time?			
Do you have special ways of helping your baby go to sleep? If yes, how?			
Does your child use a pacifier or suck thumb/fingers?			



I am aware that Stonewall Learning Center utilizes recordings and/or taping of my child such as digital recordings, videotaping, audio recordings, web cam while in the center for observation/security purposes.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date