



Enrollment

APPLICATION & INFORMATION

WWW.LITTLEBLESSINGSWV.COM



704-783-5244



INFO@LITTLEBLESSINGSWV.COM



GREEN VALLEY
BLUEFIELD, WV



MON-FRI
6:30AM - 6:30PM



AGES 2-12

FAITH BASED

Our goal is to provide a Christ-centered learning environment for children to grow and thrive in school and life while Sharing Christ, Building Lives, and Developing Minds. Our goal is to provide high-quality education and training for children in a happy environment. In this environment, each child can stimulate their physical, intellectual, and emotional growth.

STATE OF THE ART FACILITY

Our new state-of-the-art child care center facility is designed to provide the best possible environment for children's growth and development. Here are some key features that make our facility above average:

1. Modern Classrooms: Spacious, well-lit classrooms with relaxing and peaceful colors, child-sized furniture and educational materials.
2. Safe Outdoor Play Areas: Private, safe, stimulating outdoor spaces with age-appropriate play equipment.
3. Technology Integration: Smartboards, tablets, and other educational technology to enhance learning.
4. Safety Measures: Advanced security systems, child-proofing, and health and safety protocols.
5. Sustainable Design: Eco-friendly materials and energy-efficient systems to promote environmental responsibility.
6. Specialized Areas: Dedicated spaces for activities like art, music, and physical education.
7. Accessibility: Facilities that are accessible to children with disabilities. Our facility is wheelchair and handicap accessible.

SCHEDULE

We operate Monday through Friday, 6:30 a.m. to 6:30 p.m. In the event the Center's schedule is altered due to weather or other reasons every parent and guardian will be notified via text. If children are present and the Center must close early, parents will be contacted via telephone immediately. All children will be thoroughly cared for until the parent can safely pickup their child.

Little Blessings is closed on the following holidays:

Independence Day
Thanksgiving Day
(and the Friday following Thanksgiving)
Christmas Eve
Christmas Day
New Years Eve (half day)
New Years Day
Memorial Day
Labor Day

ENROLLMENT AND LEGAL

To complete enrollment, an application, and all legal documents pertaining to custody of your child must be submitted. Little Blessings will not use any photographs or videos of your child for promotion or on social media without signed consent from the parent or guardian. All files and information provided to Little Blessings concerning your child are 100% confidential.

RATES AND FEES

Enrollment Fee

\$140

Enrollment fees are non-refundable and are not credited to balances if child is accepted.

Daily Rates

2 Year Olds \$34/day

3-4 Year Olds \$32/day

5-12 Year Olds \$30/full day - includes free transportation to and from school

5-12 Year Olds \$20/after school - includes free transportation to and from school.

Payment

Payment is due and paid bi-weekly. You can set up your preferred payment date.

Late Pick-Up Fee

A \$5 per minute late fee will apply each minute the parent is late to pick-up. 6:30 is cut-off for pick-up. As of 6:31pm \$5 will be charged for each minute.

All late fees must be paid on billing cycle. If late fees are not paid or are late your child will not be allowed to return until fees are paid in full.

Example: If parent arrives at 6:45 a \$75 late fee will be charged.

Grace Period

If a child's bill is not paid in full within 14 days of invoice due date, the child will not be allowed to return until bill is paid in full. If the bill is paid after the 14 day grace period your child's spot is open for another child. If your child wishes to continue attending Little Blessings and the spot is not already filled, you must pay a new enrollment fee.

DISENROLLMENT

If you intend to remove your child from Little Blessings, a two weeks notice is required.

Little Blessings Child Care Center has the right to remove your child from enrollment for the following reasons:

- Lack of Payment
- Child Behavior
- Age Restrictions
- Inappropriate behavior by parent or family member

BEHAVIORAL

Your child has 2 warnings before final disenrollment due to behavioral.

Immediate disenrollment is allowed due to behavior upon director's discretion.

You will be informed of warnings the same day as the write-up is given.

HEALTH & MEDICATION

Medication may not be exchanged between children under any circumstances. Director and Assistant Director may dispense medication only with parent/guardian written permission.

Prescription medicine must be in its original container with all information clearly labeled.

Parent must provide daily medicine chart.

If your child has a fever of 101 degrees or more, or any contagious illness, he/she may not attend childcare until the symptoms have been absent for 24 hours.

All staff are trained in CPR and first-aid and will treat minor injuries. All incident reports will be reported to the parent and placed in the child's file the same day.

MEALS & SNACKS

Little Blessings serves breakfast between 8:00am and 8:30am, lunch between 11:00am and 12:00pm, and an afternoon snack around 4pm.

If your child is on a medically required diet or has food allergies you must inform us upon applying.

ITEMS YOU NEED TO BRING

2-4 year olds

- One extra set of clothes
- Optional: a fitted vinyl sleep and blanket for the sleeping mat.

School-Age

- Homework from school
- One extra set of clothes

Any medication your child requires

DROP-OFF AND PICK-UP

Exchange of custody occurs in the reception area. Children must be signed in and out.

ATTENDANCE POLICY

If your child can not attend, you must notify Little Blessings 48 hours prior to the absence to avoid billing for the absent day. If notified within 48 hours prior or not attending without notifying, you will be charged for a full day.

Enrolled children must attend a minimum of 3 days per week.

Excessive absences will result in disenrollment.

Sickness: If your child is absent due to sickness, a physician's note is required to waive the daily fee. If a physician's note is not presented, you will be charged a full day for each day missed. There is NO exception.

CHILD APPLICATION



Child's Name: _____
Last First Middle

Home Address: _____
Street City State Zip

Date of Birth: ____/____/____ Gender: _____
Month Date Year

Attend School? ☐ Yes ☐ No Grade: _____ Name of School: _____

Is transportation service requested? ☐ No ☐ Yes: _____

Name of Primary Care Physician: _____

Address: _____

Telephone Number: _____

Name of Preferred Emergency Medical Care: _____

Address: _____

Telephone Number: _____

List Any Known Allergies: _____

List Any Medication Currently Taken (including, name, dose, and frequency): _____

Child's Health Insurance Coverage: _____

Policy Number: _____

Does the child have any special dietary or other needs? ☐ Yes ☐ No
If so, please provide information and instruction from a licensed healthcare provider.

Please note the time(s) each day your child needs childcare services Note: Your child must attend at least three days per week to maintain enrollment.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____



SECTION 1: COMPLETE FOR ALL CHILDREN Share individual characteristics (including likes and

dislikes), personality factors, etc. that may influence the child's behavior and wellbeing at Little Blessings Child Care Center.

Name of last used Child Care Facility : _____

Is your child currently enrolled?

Reason for new child care: _____

Are you self pay? _____

Are you Mountain Heart approved? _____

CHILD APPLICATION



PARENT / GUARDIAN, 1 Parent/Guardian Name:

Last First

Select One: ☐ Biological Parent ☐ Step-Parent ☐ Legal Guardian ☐ Other: _____

Home Address: _____
Street City State Zip

Telephone Number: _____ Cell Phone Number: _____

Place of Employment: _____ Telephone Number: _____

Employment Address: _____
Street City State Zip

Yearly Income: _____

PARENT / GUARDIAN, 2 Parent/Guardian Name:

Last First

Select One: ☐ Biological Parent ☐ Step-Parent ☐ Legal Guardian ☐ Other: _____

Home Address: _____
Street City State Zip

Telephone Number: _____ Cell Phone Number: _____

Place of Employment: _____ Telephone Number: _____

Employment Address: _____
Street City State Zip

Yearly Income: _____

AUTHORIZED ADULTS



Please list three adults who are authorized to pickup your child from Little Blessings Child Care Center. You may attach additional pages, as necessary.

AUTHORIZED ADULT, 1 Name:

Last First

Relationship to Child: _____

Home Address: _____
Street City State Zip

Telephone Number: _____ Cell Phone Number: _____

Can this person assume responsibility for your child if you cannot be reached in case of an emergency? ☐Yes ☐No

AUTHORIZED ADULT, 2 Name:

Last First

Relationship to Child: _____

Home Address: _____
Street City State Zip

Telephone Number: _____ Cell Phone Number: _____

Can this person assume responsibility for your child if you cannot be reached in case of an emergency? ☐Yes ☐No

AUTHORIZED ADULT, 3 Name:

Last First

Relationship to Child: _____

Home Address: _____
Street City State Zip

Telephone Number: _____ Cell Phone Number: _____

Can this person assume responsibility for your child if you cannot be reached in case of an emergency? ☐Yes ☐No

WAIVER AND CONSENT



I, the parent/legal guardian of _____, have read and understand the information presented in the Little Blessings Child Care Center Enrollment Application and Information and agree to abide by its contents and each of the following.

CHECK EACH OF THE FOLLOWING:

I hereby confirm and certify that the information provided in this application for enrollment is true and accurate.

In the event of a medical emergency, I give permission for Little Blessings Child Care Center staff to make decisions regarding emergency medical services, including emergency medical transportation.

I understand that Little Blessings Child Care Center will only release my child to the authorized adults provided by me on page 4 of this application and that I am responsible for updating that list, as necessary.

I understand that Little Blessings Child Care Center has the right to disenroll my child for the reasons noted on page 4 of the Enrollment Information and Application.

I understand that Little Blessings Child Care Center staff are mandated reporters of suspected abuse and neglect – including physical injury mental or emotional injury, sexual abuse, sexual exploitation, sale or attempted sale, or negligent treatment or maltreatment of a child by a parent, guardian, or custodian responsible for the child's welfare.

I sign in the affirmative, freely and under no duress or coercion:

Parent/Guardian, 1: _____
Signature Date

Parent/Guardian, 2: _____
Signature Date

Please fill out and email to info@littleblessingswv.com - once recieved we will send an invoice for the enrollment fee.

OR mail with filled out check in the enrollment fee amount of \$140 made out to Little Blessings Daycare to 1295 Stafford Drive Suite 5, Princeton, WV 24740.

FOR OFFICE USE ONLY



Application Received: _____
Application Reviewed: _____
Enrollment Interview: _____
Pre-Enrollment Visits: _____
Enrollment Decision: _____
Date of Disenrollment: _____