



Lil' Rams Enrollment Application

Forms can be emailed to: sara_ryan@ralstonschools.org

Faxed to: 402-331-4843

Mailed or dropped off to the Ralston Administrative Office:

8545 Park Drive, Omaha, NE 68127

****Please do not submit your enrollment application to the elementary school.***

In order to become completely registered, the following items must be submitted:

- A completed enrollment application (all fields must be completed)
- Signed DHHS Parent Information Brochure
- A copy of your child's immunization record (this only applies to new families/children)
- A completed Tuition Express form (all new families must submit this form. Returning families only need to submit a Tuition Express form if they wish to make changes to their account)

Incomplete enrollment forms will not be processed; if the enrollment form is incomplete you will be contacted and will have 24 hours to complete the form. All registrations are processed on a first come first serve basis and are subject to availability.

Before enrolling your child into Lil' Rams please review the following checklist and initial that you understand and agree to each item.

_____ I understand that Lil' Rams is a group program and does not provide individual, one on one childcare.

_____ My child is between the grades of Kindergarten and 6th grade.

_____ My child can adhere to the discipline policy and the indoor/outdoor rules.

_____ I understand that I am required to give a 2 week notice for any change in enrollment status OR to withdrawal from Lil' Rams.

_____ I understand that tuition is based on enrollment, not attendance and that my deduction amount will remain the same if Lil' Rams is closed due to a holiday, if school is not in session or due to adverse weather.

_____ I understand that I must re-enroll for each summer and school year.

TITLE XX:

_____ I understand that an authorization must be received prior to my child attending.

_____ I understand that I must complete the Tuition Express form. Parent is responsible for all co-pays or other fees.

_____ I understand that if I have a copay it will be withdrawn on the first Friday of each month.

After submitting your enrollment application you will be notified via the e-mail account(s) listed on your enrollment form within 14 business days as to whether your family has been enrolled or has been placed onto a waiting list.

Lil' Rams 2023-2024 Enrollment Application

Application must be legible and filled out completely before it will be processed

CHILDREN'S RECORD:

Child(ren)'s Name: _____

Birthdate(s): _____

Enrollment Date: _____

Gender: Male

Female

PARENT/GUARDIAN'S HOME & EMPLOYER ADDRESS:

MOTHER (or Guardian):

Name: _____

Employer: _____

Address: _____

Address: _____

City, State, Zip: _____

City: _____ Phone: _____

Phone C or H: _____

Email: _____

FATHER (or Guardian):

Name: _____

Employer: _____

Address: _____

Address: _____

City, State, Zip: _____

City: _____ Phone: _____

Phone C or H: _____

Email: _____

If divorced/separated, who has legal custody? _____.

May the non-custodial parent pick up the child? _____. *If no, legal documentation must be provided.*

Person(s) Whom Are Authorized to Pick Up Child(ren):

Name: _____

Name: _____

Address: _____

Address: _____

Phone C or H: _____

Phone C or H: _____

Emergency Contacts When Parent/Guardian Cannot be Reached (ONE NAME MUST BE GIVEN):

Name: _____

Name: _____

Address: _____

Address: _____

Phone C or H: _____

Phone C or H: _____

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to the RSF to contact and, if necessary take my child(ren) to the following doctor(s), clinics or hospitals:

Name of Physician

Phone

Address

Doctor/Clinic/Hospital

Signature of Parent/Guardian

Dae

CHILD'S MEDICAL INFORMATION (please complete or write NONE): Please attach a copy of your child's immunization record.

Medication, if any: _____

**If any medication is to be given at Lil'/Tiny Rams (Prescription, Tylenol, Cough Syrup, Epi-Pen, Inhaler, etc.) written permission from the parent and physician must be provided before medication will be administered.*

Allergies, intolerance to food, insect bites, stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: _____

Medical condition, special needs/accommodations, if any: _____

Special concerns (glasses, hearing aid, crutches, etc.): _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date

Medication Competency Statement:

I hereby authorize the Ralston Schools Foundation (RSF) to give or apply medication (including sunscreen) to my child(ren) _____ and to provide medical/First Aid care when necessary.

Signature of Parent/Guardian

Date

Shared Information Permission:

I understand that Lil' Rams is owned and operated by the Ralston Schools Foundation. I understand that as a benefit for my child's care, information may be shared between the Ralston Schools Foundation and Ralston Public Schools.

Signature of Parent/Guardian

Date

Photograph/Filming Permission:

I give permission for my child(ren) to be photographed/filmed participating in activities at Lil'/Tiny Rams. I understand such photos may be used in promotion and as publicity materials published by the RSF.

Signature of Parent/Guardian

Date

Transportation Permission:

I hereby authorize the Ralston Schools Foundation to transport or arrange transportation for my child(ren). I understand staff will insure that my child(ren) is placed in the appropriate safety restraint as indicated by the Nebraska law at all times while the vehicle is in motion.

Signature of Parent/Guardian

Date

Field Trip Permission:

I give permission for my child(ren) to participate in supervised activities away from the Lil'/Tiny Rams site. I understand that I will be notified in advance of any activities off the site premises. If I choose that my child(ren) will not attend a field trip, I understand that no care will be provided, as all scheduled staff members will be supervising the field trip.

Signature of Parent/Guardian

Date

Swimming Permission:

Specifically, I give permission for my child(ren) to go swimming with the RSF. I understand that certified lifeguards, the RSF's Directors, Assistant Directors and Support Staff will supervise my child. I agree to hold the RSF harmless of any accidental injury caused out of the activity. I understand that it is my responsibility to make my child aware of their swimming abilities, restrictions and provide a life jacket if necessary. Pool locations include but are not limited to, Oak Hills Pool (7440 "Q" Street) & Mockingbird Hills Community Center (10242 Mockingbird Drive).

Signature of Parent/Guardian

Date

Please Circle 2023-2024 School Year Building:

Blumfield Meadows Mockingbird Seymour Wildewood

Circle Child's Enrollment Status:

Mornings \$50.00 per week

Afternoons \$61.00 per week

Full Time \$78.00 per week

Early Release \$35 per week

*Fridays Only 1:30-6:00pm

Title XX Family: YES or NO

**Authorization must be available before starting*

Ralston Public Schools Employee: YES or NO

**If yes, please provide a copy of your staff ID*

Controlled Access at All Buildings:

THIS IS FOR NEW FAMILIES ONLY- Cards for existing families will remain active.

For the added security all of the buildings in Ralston School District have a controlled access system. For families enrolled in the Lil' Rams program each family will be issued a card to gain entrance to their child's elementary school.

Please indicate number of cards need _____.

**Each family will receive their first 2 cards at no cost.*

Who will the card owner(s) be: _____

Extra and replacement cards are \$10 each. This cost will be added to your Tuition Express account for the next scheduled deduction.

Signature of Parent/Guardian

Date

Ralston Schools Foundation 2023-2024 Contract:

I have read all of the contents in the Lil' & Tiny Rams Parent Handbook, revised January 2023, which can be found online at Ralstonschoolsfoundation.org. I, by signing this form, understand and agree to the terms and rules of the Ralston Schools Foundation Lil' & Tiny Rams child care program. I understand that tuition is based on enrollment status, not actual attendance. Tuition will be drafted from an account of choice each and every Friday. The first tentative deduction for 2023-2024 will be on Friday, August 11th, 2023. The last tentative deduction for 2023-2024 will be Friday, May 24th, 2024. Parent/Guardian may terminate contract by giving two weeks written notice in advance of the ending date. Payment by the parent/guardian is due for the notice period, whether or not the child will be in attendance.

Signature of Parent/Guardian

Date

\$40.00/child Non-refundable registration fee must accompany this enrollment form & will be processed once submitted.

_____ I have attached the registration fee with the enrollment application.

_____ I would like to have the registration fee deducted from my Tuition Express account on the next scheduled deduction.

Receipt of Parent Information Brochure

Child Care Program Name: _____

Enrolled Child(ren)'s names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Date: _____

Sign, date and return to your Child Care provider before your child(ren) begin care. Your Child Care provider must retain this Receipt on site for review.

Contact Information for Child Care Licensing

The following information may be of help in gathering information about Child Care Licensing and includes a mailing address, phone numbers and websites.

For questions regarding Child Care Licensing:

800-600-1289 (toll free)
Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

Review or request a copy of Child Care Licensing Regulations:

dhhs.ne.gov/Pages/reg_t391-2.aspx
Phone: 800-600-1289

Request copies of Compliance Reviews, the results of Licensing visits to the provider:

Douglas, Sarpy, Washington, Cass
County—402-595-3343
All other counties—800-600-1289

Review Negative Actions:

dhhs.ne.gov/publichealth/Pages/crl_monthlydisciplinereports.aspx

Make a complaint:

dhhs.ne.gov/publichealth/Pages/crl_childcare_complaints.aspx
Phone: 800-600-1289

Review or request a roster of Licensed Child Care Providers:

dhhs.ne.gov/publichealth/Documents/ChildCareRoster.pdf

Phone: 800-600-1289

Additional Resources

These resources may be of additional interest to you.

Child Abuse/Neglect Hotline
800-652-1999

Child and Adult Care Food Program:
800-731-2266
www.education.ne.gov/NS/cacfp/index.html

Child Care Subsidy (ACCESS Nebraska)
accessnebraska.ne.gov

Nebraska Dept of Health and Human Services
dhhs.ne.gov

Nebraska Immunization
dhhs.ne.gov/publichealth/Pages/immunization_index.aspx

State of Nebraska
nebraska.gov

Child Care Licensing
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

National Network for Childcare
www.nncc.org/

National Children's Coalition
teenzeen.org

Department of Health & Human Services



Division of Public Health

PARENT INFORMATION BROCHURE FOR LICENSED CHILD CARE



Licensed Child Care

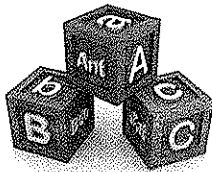
You have chosen to use a licensed Child Care provider for the care of your child or children.

According to Nebraska State law (Neb. Rev. Statute 71-1909), the licensing and regulation of Child Care programs exists to protect children and to assist parents in making informed decisions about the enrollment and care of their children in Child Care programs. These licensing and regulatory responsibilities are within the Department of Health and Human Services (DHHS).

Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed.

The Types of Licensed Child Care in Nebraska are:

- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



Roles and Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care provider's staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure,

which Child Care providers are required to share with you, provides information that might be helpful in those situations. Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Providers

Licensed Child Care providers should:

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any question or concerns they may have.
800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx

Expectations of Child Care Consumers

As a consumer of Licensed Child Care you should:

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Be informed of the child care regulations. Make sure you know what your licensed child care provider is regulated to do or not do.

Contact Child Care Licensing with any questions or concerns you may have.
800-600-1289
402-471-9278 or
dhhs.ne.gov/publichealth/Pages/crl_childcare_childcareindex.aspx



Complete other side and
return to your
Child Care Provider



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **CREDIT CARD** AUTHORIZATION

A 2% fee will be charged for all Visa and MasterCard transactions.

*Visa or MasterCard ONLY

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Card Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

☐ Check if you wish to make online payments

For Official Use Only

Date Received _____

Employee Signature _____

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Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

☐ Checking

☐ Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Signature _____ Date _____

☐ Check if you wish to make online payments

For Official Use Only

Date Received _____

Employee Signature _____

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555		00226
Pay to the order of: _____		Attach Voided Check Here \$ _____		
_____		Deposit slips not accepted _____ Dollars		
123456789	1800338	0226		
Routing Number	Account Number	Check Number		

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