



## Lil' Rams Enrollment Application

Forms can be emailed to: [sara\\_ryan@ralstonschools.org](mailto:sara_ryan@ralstonschools.org)

Faxed to: 402-331-4843

Mailed or dropped off at 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.**

\_\_\_\_\_ My child is between the grades of Kindergarten and 6<sup>th</sup> grade.

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

\_\_\_\_\_ 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. Parents are 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\_\_\_\_\_ I understand that if I have a copay it will be withdrawn on the first Friday of each month.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 2026-2027 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: \_\_\_\_\_

Email: \_\_\_\_\_

### FATHER (or Guardian):

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## 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

Date

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**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

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**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

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**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

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**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

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**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

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**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

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**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 2026-2027 School Year Building:**

Blumfield      Meadows      Mockingbird      Seymour      Wildewood

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**Circle Child's Enrollment Status:**

Mornings \$60.00 per week

Afternoons \$71.00 per week

Full Time \$93.00 per week

**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*

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**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

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**Ralston Schools Foundation 2026-2027 Contract:**

I have read all of the contents in the Lil' & Tiny Rams Parent Handbook, revised January 2026, which can be found online at [Ralstonschoolsfoundation.org](http://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 2026-2027 will be on Friday, August 14<sup>th</sup>, 2026. The last tentative deduction for 2026-2027 will be Friday, May 28<sup>th</sup>, 2027. 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\_1391-2.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  
**DHHS**  
N E B R A S K A

Division of Public Health

PARENT INFORMATION  
BROCHURE  
FOR LICENSED  
CHILD CARE



## Licensed Child Care

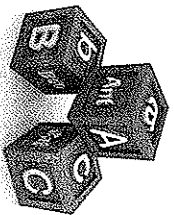
You have chosen to use a licensed Child Care provider for the care of your child or children.

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](http://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](http://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®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). 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. Check with the center for accepted credit card types.

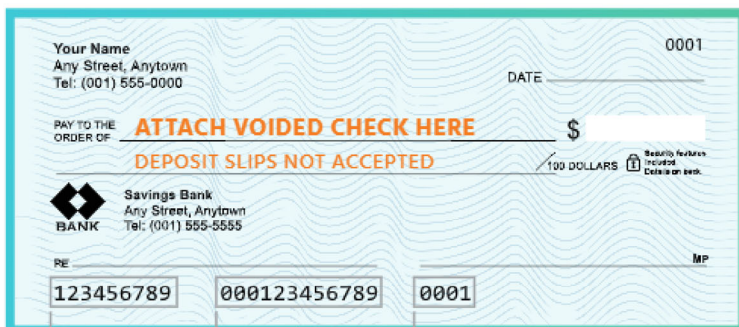
### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card) A 2% fee will be applied.

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER      ACCOUNT NUMBER      CHECK NUMBER

#### FOR OFFICIAL USE ONLY

_____
<b>Date Received</b>
_____
<b>Employee Signature</b>

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