



Dooley Center

16170 Canberra
Roseville MI 48066
586-439-7600 • Fax 586-439-7601

Toddle Time

(for children 18 – 36 months old)

Toddle Time is a program designed for toddlers and their parents aimed to provide quality time interacting with other children of the same age. Class sizes are limited to 10 students per class. To ensure quality one-on-one time with your child and to accommodate space, it is necessary to make arrangements for other children. The program consists of art activities, story time, free time, music and movement activities and snack time. Parents and/or caregivers are required to participate in all activities with their child. Class times are as follows:

Wednesday evenings	6:00 pm – 7:30 pm
OR	
Thursday mornings	9:30 am – 11:00 am

Tuition is **\$12.00 per class** which will be billed on a monthly basis. A non-refundable materials fee of \$35 and final month tuition per child is due **at the time of registration (\$83.00)**. It is expected that the student will enroll for the entire year. We cannot give tuition refunds for days your child is absent. We reserve the right to withdraw a child from the program for non-payment of a bill.

Classes run from mid September to the end of May. All of the programs at Little Learners follow the Fraser Public Schools calendar. All school holidays are observed. We also follow the procedures outlined by Fraser Public Schools regarding school cancellations due to weather conditions, mechanical failures, etc.

Registration for Toddle Time

Step 1.

Schedule an appointment to turn in registration paperwork. The link to schedule an appointment can be found on our website. <http://dooley.fraser.k12.mi.us>

You may pick up paper forms at the Dooley Center, or complete them online then print them to bring with you or email the completed forms to melissa.laseck@fraserk12.org.

➤ Required Student Enrollment Documents

- Completed Toddle Time Student Data Form
- Medical/Allergy Questionnaire
- Toddle Time Program Policies
- Pesticide advisory

Step 2.

Register with the Little Learners Dooley Center bookkeeping department in the link that will be emailed to you after step 1 is complete. You may also complete this step at the Dooley Center during the registration appointment.

- If you have any problems registering online, please call:
 - Bookkeeper (586) 439-7038
 - Dooley Office (586) 439-7600

ALL REGISTRATIONS WILL BE PENDING UNTIL BOTH STEPS 1 & 2 ARE COMPLETE

FRASER PUBLIC SCHOOLS

STUDENT DATA FORM TODDLER TIME

STUDENT DATA		
LAST NAME	FIRST NAME	MIDDLE NAME
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STUDENT'S DATE OF BIRTH / /	STUDENT'S CURRENT AGE
HOME STREET ADDRESS		CITY & ZIP
PRIMARY PHONE ()	SECONDARY PHONE ()	
HEALTH INFORMATION		
ALLERGIES		
OTHER HEALTH CONCERNS		
CONTACT 1		
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
HOME STREET ADDRESS		CITY & ZIP
PRIMARY PHONE ()	SECONDARY PHONE ()	
EMPLOYER	WORK PHONE ()	
EMAIL		
CONTACT 2		
LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
HOME STREET ADDRESS		CITY & ZIP
PRIMARY PHONE ()	SECONDARY PHONE ()	
EMPLOYER	WORK PHONE ()	
EMAIL		

CONTACT 3

LAST NAME	FIRST NAME	RELATIONSHIP TO STUDENT
HOME STREET ADDRESS		CITY & ZIP
PRIMARY PHONE ()	SECONDARY PHONE ()	
EMPLOYER	WORK PHONE ()	
EMAIL		

SIBLINGS

NAME	AGE	SCHOOL ATTENDED
NAME	AGE	SCHOOL ATTENDED
NAME	AGE	SCHOOL ATTENDED
NAME	AGE	SCHOOL ATTENDED

WHO WILL BE BRINGING THE CHILD TO CLASS REGULARLY?

NAME	RELATIONSHIP TO STUDENT
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PRESS/VIDEO RELEASE

Fraser Public Schools has my permission to use photographs and/or videos of my child to show school activities to the public. I understand that the personally identifiable information may be used at the discretion of the media, involving no financial compensation to Fraser Public School, the student or family of the student.

Press/Video Release Yes No

I understand that I have the right to deny consent to the release of photographs and information specified above by notifying the director of Dooley Little Learners.

_____ /_____/_____
PARENT/GUARDIAN SIGNATURE DATE

If permission is denied, please write "DENIED" on the signature line.

ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH THE TEACHER

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I certify that the information on this form is true and correct to the best of my knowledge.

_____ /_____/_____
PARENT/GUARDIAN SIGNATURE DATE

Wednesday PM

Thursday AM



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MEDICAL / ALLERGY QUESTIONNAIRE

Student's name _____ Class _____

Date of birth ____/____/____ Doctor _____ Phone (____) ____-_____

Does your child have any medical conditions ? (Diabetes, seizures, heart conditions, etc) _____Yes _____No

If so, please list:

- _____
- _____
- _____

Does your child have asthma? _____Yes _____No If so, please list any medications they use.

NAME	AMOUNT	FREQUENCY
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- _____
- _____
- _____

Does your child have any allergies?

- My child has **NO CURRENT ALLERGIES** (Skip to Parent Permission)
- My child has allergies. Please answer the questions below.

Has your child been diagnosed by a doctor for his/her allergies? _____Yes _____No

When/How was your child diagnosed with allergies? _____

When was the last time your child had an allergic reaction? _____

How many times has your child been treated in the ER or hospitalized for an allergic reaction? _____

FOOD ALLERGIES: Check all that apply. Name the specific food causing the reaction.

- Peanuts
- Tree Nuts Specifically: _____
- Fish Specifically: _____
- Fruit Specifically: _____
- Dairy Products Specifically: _____

REACTION can occur by (check all that apply) ___ Ingestion ___ Contact ___ Inhalation

SYMPTOMS of child's food allergy reaction/intolerance include:

- Nausea and vomiting
- Cramping and/or abdominal pain
- Facial swelling, itching, welts or hives
- Swelling of the lips, nose, tongue or throat.
- Respiratory changes difficulty breathing, wheezing or continuous coughing.
- Inability to speak or swallow.
- Flushed face
- Drooling
- Complains that the throat feels tight, scratchy, or different in some way.
- OTHER - DESCRIBE: _____

FOR PEANUT ALLERGY:

Reading food labels all the time is important. If a label indicates the food item is made in a facility that also processes peanuts, my child may consume. _____Yes _____No

Does your child have an Epinephrine Auto-injector prescribed? _____Yes _____No

MEDICATIONS: If your child takes for these symptoms please inquire about additional required forms

- Non-Prescription Medication
- Prescription Medication
- Allergy & Anaphylaxis Emergency Care Plan

OTHER ALLERGIES: Please list any other allergies you child has.

- _____
- _____
- _____
- _____
- _____
- _____

Does your child wear a Medic Alert to identify him/her as having allergies? _____Yes _____No

PARENT PERMISSION

I verify that the above information is correct. I give my permission to share this information with staff on a need to know basis. The information is **valid for ONE SCHOOL YEAR**. Annual parent signature is required.

Does your child ever ride the school bus to or from school? _____Yes _____No

Parent/guardian signature _____ Date ____/____/____

Mother _____ Phone (____) _____ - _____

Father _____ Phone (____) _____ - _____



Little Learners Toddle Time Policies

Please initial that you have read each of the following statements.

_____ I understand that the tuition for TODDLE TIME is due on the 10th of each month.

_____ **I understand that failure to make payments in a timely manner may result in my child being dropped from the program.**

_____ I understand that I will make staff aware of any changes with phone numbers, addresses, e-mail address and information pertaining to my child.

_____ I understand the illness policy, which includes a child being fever/diarrhea/vomit free for 24 hours without medication before returning to school.

_____ I understand that additional illness policies may be in place based on the current requirements from MCHD, MDHHS and Michigan Child Care Licensing.

_____ I will make sure staff is aware of any allergies, medications and special needs that my child may have.

_____ I understand that my child may be photographed or videotaped during their time in the program. These photos or tapes may be used in newsletters, the FPS website or FPS TV channel.

_____ I am being made aware of a Licensing Notebook. I understand that: (i) The licensing notebook is available for parents to review during regular business hours, (ii) The licensing notebook contains all the licensing inspection reports, special investigation reports and related corrective action plans for the last 5 years, (iii) Licensing inspection reports, special investigation reports and related corrective action plans for at least the last 3 years are available on the department's child care licensing website at www.michigan.gov/michildcare.

_____ I understand that all Little Learners staff have been cleared through a comprehensive background check.

_____ I understand that all Little Learners classrooms are peanut and tree nut free. I will not bring to school items that contain peanut or tree nut products.

Child's Name _____

Parent/Guardian's Signature _____ Date ____/____/____



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Advisory To Parents / Guardians

Dear Parent or Guardian:

State of Michigan law requires that schools and day care centers that may apply pesticides on school or day care property must provide an annual advisory to parents or guardians of students attending the facility.

Please be advised that the Fraser Public Schools district utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize sanitation, pest exclusion, and biological controls. One of the objectives of using an IPM approach is to reduce or eliminate the need for chemical applications of pesticides. However, certain situations may require the need for pesticides to be utilized.

Please be advised that parents or guardians of children attending Fraser Public Schools may review the district's Integrated Pest Management program and records of any pesticide application upon request.

If you have questions regarding the district's pest management procedures, please contact:

Fraser Operations & Maintenance
33499 Klein Road
Fraser, MI 48026
(586) 439-7114
enviromental@fraserk12.org

Child's Name _____

Parent's Signature _____ Date ____/____/____