

Petite Amis Preschool
Small Friends Christian Learning Academy
Broussard LA 70518
Email: Petiteamispreschool@gmail.com

Application Packet



Petite Amis Preschool

SMALL FRIENDS CHRISTIAN LEARNING ACADEMY

Petite Amis Preschool
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USDA Non-Discrimination Policy

Petite Amis Preschool LLC does not discriminate on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. Any person alleging discrimination has a right to file a complaint within 180 days of the alleged discriminatory action. All civil rights complaints, written or verbal should be forwarded immediately to:

**USDA
Director
Office of Civil Rights
1400 Independence Avenue, SW,
Washington, DC 20250-9410
(800) 795-3272 or (202) 720-6382 (TDD)**

The complaint should contain the name, address, telephone number of person filing the complaint, the specific location and name of entity for which the complaint is against, the nature of the incident or action that led the complaint feels discrimination exists, and the date, names, titles and business addresses of person who may have knowledge of the discriminatory action.

Signature _____ **Date:** _____

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child's Name: _____ Child's SSN: _____ Sex: _____

Date of Birth: _____

Person with whom the child lives: _____

Mother's Name: _____ Mother's SSN: _____

Date of Birth: _____ Address _____

Cell Phone #: _____ Place of Employment: _____

Work Phone #: _____

Father's Name: _____ Father's SSN: _____

Date of Birth: _____ Address _____

Cell Phone #: _____ Place of Employment: _____

Work Phone #: _____

Child's Doctor: _____

Doctor's Phone#: _____

Child's Dentist: _____

Dentist's Phone#: _____

**We must have a dentist's name and phone number. Check here if you don't have a dentist. _____*

Preferred Hospital: _____ Insurances _____

Emergency Contact #1: _____ Relationship to child: _____

Phone Number: _____

Emergency Contact #2: _____ Relationship to child: _____

Phone Number: _____

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Does your child have any difficulty with hearing? Yes No If yes,
describe: _____

Does your child have any food allergies? Yes No If yes,
describe: _____

Does your child have any other allergies? Yes No If yes,
describe: _____

Does your child have any dietary restrictions? Yes No If yes,
describe: _____

Does your child have any difficulties, disabilities, which need our special help or attention? Yes
No If yes, describe: _____

Past Illnesses: _____

Favorite Foods: _____

Is your child potty trained? Yes No

Does your child have any problems playing with other children? Yes No

7 months through 1 year old: Does your child eat table food? Yes Some No

Infant through 6 months old: Does your child take formula only? Yes No

Type of Formula: _____ Measurement of water: _____ Measurement of Formula: _____

Is your child on infant cereal? Yes No

**We must have signed statement from a doctor with instructions. No open formula or expired
formula from home will be allowed. Please label all cans.*

**Withdrawal means continuous absence over a three week period of notification of withdrawal of
child.*

- I authorize the center to allow my child to hold his/ her bottle in his / her crib.
- I authorize the center to give my child water.

Parent's Signature: _____ Date: _____

Date of Admission: _____ Date of Dismissal: _____

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Third Party Release Form

Dear Parent,

Because of the many children who turn up missing in our country, it is a must that we have on file a list of people that you entrust your child with. If at any time you will not be home or cannot pick up your child at closing time, we are asking that you give us two other people you would like to release your child to. Your child's safety and protection are strong concerns of ours.

Please give the name, address, relationship and phone number of TWO persons we can release your child to. Be sure you have that person's permission to give their name.

Anyone picking up the child for the first time other than the parent or guardian will be asked for proof of identification. Due to Petite Amis Preschool providing in-home child care student are only allowed TWO other people to pick them up. Anyone who is not listed on this form will not be allowed to pick up the child.

Child's Name: _____

Mother's Name: _____ Home: _____ Work: _____

Father's Name: _____ Home: _____ Work: _____

TWO Others

(1) Name: _____

Address: _____

Phone: _____

Relationship: _____

(2) Name: _____

Address: _____

Phone: _____

Relationship: _____

Parent Signature _____ Date: _____

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Parental Awareness of Recordings

I am aware that Petite Amis Preschool: Small Friends Christian Learning Academy 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 Signature_____ Date:_____

Movies and Videos Policies

At NO TIME shall there be any violent or adult content permitted in the presence of our children.

Parent Signature_____ Date:_____

Permission to Release Photograph

I give permission for to Petite Amis Preschool: Small Friends Christian Learning Academy
to release a photograph/recording of my child to
(Child's Name)_____ to (Source)_____
on (Date)_____

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Authorization for the Applicant of Topical Products

Child's Name: _____

I permission for Petite Amis Preschool: Small Friends Christian Learning Academy to apply the following topical products to my child whether center provides or parent provides:

Sunscreen Yes () No ()

Insect Yes () No ()

Repellant Yes () No ()

Diaper rash ointment Yes () No ()

Other: _____

**This one time authorization will remain in effect until a new authorization is signed.*

Illness expectations

Parents are responsible for monitoring child/children DAILY for COVID symptoms or any other illness. Children with fever should NOT be sent to school, and must be kept home for 24 hours symptom free before returning. School staff are required to check temperatures. First check will occur shortly after students have arrived on campus. Hand washing will occur multiple times a day; especially before and after eating. Classroom materials will be sanitized multiple times daily.

Signature _____

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Daily Conduct

3 Verbal Warnings. Then pull 1st stick. Pull 2nd stick / note home to parents. Pull 3rd stick / call home to parents. Conduct sheets are sent home daily. Please sign and return. Please keep in your child's folder. The first few weeks of school your child will learn the routines and procedures of the school and classroom. He/She will learn the expected behaviors with classmates, teachers, school staff, etc. You are your child's *first teacher*.

Parent Signature _____

Student Signature _____

Water Activities Permission Form

I give permission for Petite Amis Preschool: Small Friends Christian Learning Academy to allow my child _____ to participate in water activities such as water toys, fun jumps, slip and slides, swimming pools, and sprinklers.

Parent Signature: _____ Date: _____

**Permission must be updated at least annually. If activity is off-site, transportation authorization is required and regulations regarding transportation must be followed*

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Payment Contract

I, _____, agree to pay the amount of \$30 per day or \$150 per week or \$300 per biweekly for child care services provided by Petite Amis Preschool for my child(ren) _____. This payment is due either weekly () or biweekly ().

I understand that I will be charged for child care when my child(ren) do not attend the center for any reason (i.e. illnesses or holidays).

If my payment is not received at the close of business on the third day after the payment is due, I understand that I will be charged a \$10.00 late fee per day for every day that my payment is late after Wednesday of that week.

LATE FEE PAYMENT CONTRACT

Petite Amis Preschool's Hours of Operation are from 7:30 a.m. to 4:00 p.m. Monday through Friday. There is a late fee of \$20.00 for every 15 minutes after 4:00 p.m. There will be NO EXCEPTIONS.

I, _____ agree to pay in the event I am late the amount of \$20.00 per 15 minutes after 4:00 p.m. for child care services provided by Petite Amis Preschool's for my child(ren) _____.
This payment is due immediately upon late pick up of the child(ren).

Date _____
Parent signature _____
Witness _____

When making payments on your bill, please have exact amount because we do not carry change in our office at any to Petite Amis Preschool's

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SCHOOL CLOSURE CONTRACT AGREEMENT

To The Parent/Guardian of _____,

If for any reason the center is closed parents will be notified via the Remind app. Center will try to let parents know in advance. Please understand that Petite Amis Preschool is associated with the Lafayette Parish School System which means that most of our holidays, professional developments, parent teacher conferences, weather, summers, and school closures are mandated with the public school setting. With this being said whether you pay out of pocket for child services or with the state regardless of the school closures dates you are still required to pay for the month unless your child is dropped from receiving services. If you choose not to pay and your child receives care before mandated school closures legal action will be taken by the Louisiana Department Of Education and/or Petite Amis Preschool LLC.

___ **I agree and understand** that if I choose not to pay and your child receives care before mandated school closures legal action will be taken by the Louisiana Department Of Education and/or Petite Amis Preschool LLC.

Signature _____

Print _____

Date _____

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EXPECTED SCHOOL CLOSURE DATES IN ADVANCE YEAR 2024-2025

Important Dates

First Day: August 5th ,2024
Last Day: May 22nd ,2024
Graduation: May 23rd ,2024
Spirit Day: Every Friday

**Professional
Development**
(NO SCHOOL)
Sept 18,2024
January 17,2025
May 8-9,2025

**Parent teacher
conference**
(NO SCHOOL)
October 10-11,2024
Feb 21,2025

Holidays
Labor Day: Sept.2,2024
Fall Break: Oct. 7-11, 2024
Thanksgiving: Nov. 25-29,2024
Christmas: Dec.23-Jan 3rd ,2025
MLK:Jan 20,2025
Mardi Gras: March 3rd-7th 2025
Easter April 18th-April 25th,2025

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DAILY SCHEDULE

| | |
|-------------|-----------------------------|
| 7:30-7:45 | Grace/Breakfast |
| 7:45-8:00 | Morning Prayer/Routines |
| 8:00-8:05 | Restroom/Handwashing |
| 8:05-8:25 | Calendar Math |
| 8:25-9:10 | Centers |
| 9:10-9:25 | Scripture of the day |
| 9:25-9:30 | Music and movement |
| 9:30-9:45 | Bible Theme Circle |
| 9:45-9:55 | Literacy |
| 9:55-10:05 | Music and movement |
| 10:05-10:15 | Message Plus/Sight Words |
| 10:15-10:20 | Music and movement |
| 10:20-10:40 | Enrichment |
| 10:40-11:00 | Small group |
| 11:00-11:05 | Restroom/washing hands |
| 11:05-11:35 | Grace/Lunch |
| 11:35-12:05 | Outdoor Centers |
| 12:05-12:20 | Story Time |
| 12:20-12:25 | Restroom/ Handwashing |
| 12:25-1:25 | Nap |
| 1:25-1:35 | Snack/Restroom |
| 1:35-2:25 | Centers |
| 2:25-2:40 | My Big World |
| 2:40-2:55 | Goodbye Prayers/Routines |
| 3:00-3:30 | Dismissal/Educational Video |
| 3:30-4:00 | Pick Up |

Parent Signature _____ Date _____

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UNIFORM

NO light-up shoes or sandals. **Shirts are green. Shorts, skirts or pants - Khaki.**

Socks must be worn with all shoes. Not required to wear a belt. Any book sack is acceptable. PLEASE make sure that your child has a weather appropriate extra set of clothes including underwear, shorts/pants, shirts, and socks in case of accidents caused by spills or accidents!

Spirit Filled Friday's: Every Friday students can wear Petite Amis Preschool spirit shirt with jeans.

I understand the uniform policy and have signed to show my agreement.

Parent Signature _____ Date _____

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School Supply List

The following items are needed for your child:

- A Clear or Mesh School Bag
- A Towel for Nap Time (this towel will be sent home on Friday's to be washed and returned on Monday)
- 1 Kindermat (red/blue) due to limited storage space
- 4 Pack of Playdoh
- 6 Elmer's Glue Sticks
- 1 bottle of Elmer's glue
- 2 boxes of Kleenex
- 2 Rolls of Paper towel
- 2 Clorox or Lysol Wipes
- 8 Black Dry Erase Markers
- 1 marble sewn notebook
- 1 Crayola washable watercolor paint set
- 1 pack of construction paper
- 2 packs of baby wipes
- 1 box of Ziploc bags
- 1 pack of white letter size card stock (found by copy paper)
- 1 24 pack of crayons
- 1 pair of safety round tip scissors
- To Keep at Home for Homework- Colors - Scissors - Glue - Pencils
- A Complete Extra Set of Clothes -it does not have to be a uniform. It can be a bigger size for next year or you may send some shorts and we can exchange them for pants in the winter when it gets cold. Just send a note when you are ready to exchange them in the winter. Please place clothes in a gallon size Ziploc bag with their name written on the bag. Underwear/Socks/Pants or Shorts/Shirt
PLEASE MAKE SURE THEIR NAME IS ON EVERY PIECE OF CLOTHING, THEIR SCHOOL BAG AND THEIR TOWEL!!
ALL TODDLERS MUST BRING UNOPENED FORMULA, PAMPERS, PULL-UPS, 3 NEW BOTTLES!!!! LABEL IT

Parent Signature _____ Date: _____

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Tobacco & Alcohol Policy

Petite Amis Preschool is a drug and alcohol free facility. No tobacco and/or alcohol is permitted at or on facility at any given time

Parent Signature _____ Date: _____

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Field Trip Policy

Child's Name:

I give my permission for my
child_____ to be transported to
and from Petite Amis Preschool activity and to
participate in the activities associated with this event.

Parent Signature_____

Date_____

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Abuse & Neglect Policy

Petite Amis Preschool will not tolerate or allow any forms of abuse and neglect any forms of Maltreatment such as physical abuse, neglect, sexual abuse, and emotional abuse.

Complaint & Confidentiality Policy

All parents have a right to file a complaint and/or complement form. Every form that is received by Petite Amis Preschool is kept confidential due to HIPPA Laws.

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Community Listings

1. LaChips 877.252.2447
2. LaMoms 888.342.6207
3. Medicaid 888.544.7996
4. Pediatric Group 337.394.7774
5. Family Tree & Counseling 337.237.2164

I have received a community listing which includes LACHip, LA Moms, Medicaid, Social Security Office, Local Health Unit, Welfare Office, Family Tree, Local Dentist, and a local Pediatrician.

Parent Signature _____ Date _____

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I agree that I have carefully read and signed all of the below mentioned enrollment forms:

Master Card
Free and Reduced Price Meal Application
3rdParty Release Form
Center's Policies and Procedures
Transportation Policy
Day Care Hours
Admission and Dismissal Policy
Abuse & Neglect Policy
Complaint & Confidentiality Policy
Open Door Policy
Illness Policy
Payment Contract
School Closure Contract Agreement
School Closure Expected Closure Dates
Behavior/Conduct Policy
Nondiscrimination Policy
Fire & Safety Policy
Supplies Needed
Tobacco & Alcohol Policy
Daily Schedules
Water & Photographing Children Policy
Emergency Evacuation Policy
Parental Awareness of Recording
Field Trip Policy

Parent Signature_____ Date_____

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Thank you for your time
In order for your application to be approved and accepted all forms must be filled and signed completely. Once all documents from the application are signed, please scan and send to petiteamispreschool@gmail.com Please allow 3-10 business days for your application to be reviewed by the staff. If your Petite Amis Preschool Application Packet is approved and accepted the director will reach out to schedule an orientation date.
Thanks again

If haven't yet signed up CCAP please do so on the website <https://cafe-cp.doe.louisiana.gov/edselfservice/> this will not affect your SNAP Benefits (if receiving).
Thanks again, hope to see you and your little one soon.F