



HATZLAJA EARLY CHILDHOOD ACADEMY

ENROLLMENT PACKAGE

818 W 9TH STREET | FREMONT, NE 68025 | WWW.HATZLAJA.COM

☎ (402) 806-3830

ENROLLMENT CHECKLIST

FOR PARENTS/GUARDIANS

- Your child's birth certificate or legal identification
- Your identification document
- Immunization records in accordance with local regulations
- Signed Enrollment Contract
- Signed Agreement for the Daycare Policy Handbook
- List of any questions or concerns to discuss about our daycare services
- Payment for registration fees or deposits (if applicable)
- Clarity on fee structures, payment schedules, and accepted payment methods

ADDITIONAL NOTES

ENROLLMENT PROCESS

Welcome to Hatzlaja Early Childhood Academy, where your child's growth and development are nurtured in a faith-based, bilingual and Montessori-inspired environment. We strive to make the enrollment process simple and engaging for both children and parents. Here's an outline of our enrollment procedure:

Inquiry and Visit

I invite interested parents to schedule a visit to our early childhood academy. During the visit, you'll have the opportunity to explore our Montessori-inspired learning areas, interact with me as the director, and gain insights into our daily routines and activities.

Application and Enrollment Forms

To initiate enrollment, parents are requested to complete the necessary academy forms for their child(ren). These forms gather essential details about your child(ren). I may also require additional documents for identification or legal purposes. A checklist with details will be provided to help make things easy to track.

Enrollment Confirmation

Upon receiving the completed application and necessary documents, I'll review the information provided. If space is available and after ensuring alignment with our academy's philosophies, I'll confirm your child(ren)'s enrollment.

Orientation Meeting

Before your child's first day, we can arrange an orientation meeting, if desired. This meeting allows us to discuss your child's unique needs, preferences, and any specific routines they follow. I'll also provide detailed information about our policies, daily schedules, and what you can expect from our academy.

Registration Fees and Deposits

To secure your child's spot, a registration fee and/or deposit may be required. I'll provide specific details regarding fees and payment schedules upon confirming enrollment.

Your child(ren)'s well-being and development are our top priorities. I'm here to assist you at every step of the enrollment process and beyond, ensuring a rewarding experience for your child(ren).



Enrollment Form

Schedule

My child will attend: Full-time ___ days /Part-time ___ days/ Before school /
After school / Partial day ___ hours

Days/Times your child plans to attend:

Children's Information

1. Child's Full Name-----

Preferred Name ----- Birthdate -----

Age ----- Gender M/F

2. Child's Full Name -----

Preferred Name ----- Birthdate -----

Age ----- Gender M/F

3. Child's Full Name -----

Preferred Name ----- Birthdate -----

Age ----- Gender M/F

4. Child's Full Name -----

Preferred Name ----- Birthdate -----

Age ----- Gender M/F



Parents'/Guardians' Information

1. Parent/Guardian Name _____
Relation to Child _____ Marital Status _____ Custody of Child? Y/N
Home Address _____
City _____ State _____ Zip _____
Cell Phone # _____ Work/Other Phone # _____
E-mail Address _____
Employer Name _____
Address _____ Phone # _____

2. Parent/Guardian Name _____
Relation to Child _____ Marital Status _____ Custody of Child? Y/N
Home Address _____
City _____ State _____ Zip _____
Cell Phone # _____ Work/Other Phone # _____
E-mail Address _____
Employer Name _____
Address _____ Phone # _____

Who does the child live with? Mother/Father/Both parents/Other _____



Does the family have any religious affiliation? _____

I understand that Hatzlaja Early Childhood Academy follows Biblical principles and that children will take part in prayer, praise songs, Bible stories, and Biblical TV shows and/or videos.

Signature(s) _____ Date _____

Emergency Contact/Authorized Pick-up Information

1. Emergency Contact Name _____

Relation to Child: _____ Cell Phone # _____

Home Address _____

City _____ State _____ Zip _____

Work/Other Phone # _____

2. Emergency Contact Name _____

Relation to Child: _____ Cell Phone # _____

Home Address _____

City _____ State _____ Zip _____

Work/Other Phone # _____



Physician Information

Consent to contact Physician in an emergency: In the event that the parent/guardian and emergency contacts cannot be reached, I hereby give my consent to Hatzlaja Early Childhood Academy to contact the individuals listed below, and if necessary, transport my child(ren) in our personal vehicle or by ambulance.

Parent Signature(s) _____ Date: _____

Clinic Name: _____ Physician Name: _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Medical Information

List any health concerns or special needs (i.e. glasses, hearing aid, crutches, etc.) of which we should be aware, as well as a detailed description about how these health concerns/special needs may affect the child's general ability to participate in physical, academic, and/or social activities at the center:



I have received the “Keep Me Home if...” worksheet and agree to keep my child home if he/she has any of the symptoms described there.

Parent Signature(s) _____ Date: _____

Allergies/Food Restrictions

Please list any allergies, food restrictions, or intolerances to food, insect bites, stings, or other factors that result in medical reaction, and clear instructions in the event of an exposure to such factor (if none please write none):

Medication Consent

Does your child regularly take any medication? Y/N

I _____ (parent/guardian) have determined Hatzlaja Early Childhood Academy is competent to administer or apply over-the-counter and/or prescription medications to my child(ren).

Parent/Guardian Signature(s) _____ Date _____



I also give my consent for Hatzlaja Early Childhood Academy to apply the following on my child:

Sunscreen/Diaper ointment or cream/Baby powder/Neosporin/Vaseline/
Anti-itching cream/Insect repellent/Lotion/Chapstick

Activities

Any activities your child(ren) should NOT engage in:

Consent to Take Off Premises

I do/do not give my permission to Hatzlaja Early Childhood Academy to take my child(ren) off the child care premises.

Name(s) of child(ren) -----

Parent/Guardian Signature(s) ----- Date -----

Consent to Transport

I do/do not give my permission for Hatzlaja Early Childhood Academy to transport my child in her personal vehicle to/from school, field trips, etc.

***I understand that my child care provider is required under Nebraska law when transporting to ensure that children under 4 years of age or under 40 pounds are correctly secured in a federally approved child safety seat. All children ages 4 years and above or children weighing 40 pounds or more shall be secured in a safety belt or federally approved child safety restraints.*



Every possible precaution will be exercised to assure the safety and well-being of your child. However, Hatzlaja Early Childhood Academy shall not be responsible financially or otherwise in the case of an unforeseen event.

Name(s) of child(ren) _____

Parent/Guardian Signature(s) _____ Date _____

Payment

For full-time and part-time care, payment is due every Friday at 6 PM. For partial day care, full payment is due at the time of drop-off.

Preferred payment method: Cash / Check / Venmo / Zelle / PayPal

Debit card (2.95% fee) / Credit card (2.95% fee) / ACH withdrawal (0.6% fee)

I will/will not put my payment on Auto Pay

Payment for my child's care will be _____ per _____.

I, _____ (parent/guardian), agree to make payments on time and accept that a late fee of \$25 will be charged if I am not able to pay on time.

Parent/Guardian Signature(s) _____ Date _____



Getting to Know your Child

Does your child have any particular likes?

Does your child have any particular dislikes?

Does your child have any fears?

Is there anything else you would like to share about your child?

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

Parent/guardian signature _____ Date _____

**Parent/guardian: Please discuss and return this form to your child care provider.

For Office Use Only:

Enrollment Date _____ Updates _____ Date Care Ceased _____

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Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

Expectations of Child Care Consumers

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.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

**Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.**



Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

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



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 providers and/or 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 Provider

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 on themselves 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 questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**

Keep Me Home If...

I'm
vomiting



2 or more times in
24 hours

I have
diarrhea



- 2 loose/watery stools more than normal for child in 24 hours; OR
- Any blood or mucus in stool

I have a rash, sores,
lice, ringworm, or
scabies



- Body rash (not related to allergic reaction, diapering, or heat)
- Oozing open sores or wounds
- Mouth sores with drooling
- Untreated head lice, ringworm or scabies

I have a fever



A child with a temperature of 100.4°F or higher, shortness of breath, cough or other signs of **new** illness unrelated to a preexisting condition.

I'm just not
feeling very
good



Unusually tired, low activity level, pale, lack of appetite, cranky, or crying more than normal

Refer to the Washington Administrative Code (WAC) 110-300-0205 for the complete illness exclusion requirements.

* Fever threshold has been lowered to 100.4°F for all ages and new symptoms have been added during novel coronavirus (COVID-19) pandemic to be in alignment with CDC recommendations. Questions about when it's safe to return to child care? See the CDC guidelines for "[What To Do If You Are Sick.](#)"

INFANT FORMULA AND FEEDING SCHEDULE

Name of Child _____ Date _____
 Date of Birth _____

Instructions

1. Breast milk or Brand of Formula: _____
 Approximate Feeding Times: _____
 Maximum time between bottles: _____ Minimum: (if any) _____
 Approximate amounts: (ounces) _____

2. Instructions for feeding: _____

3. Other feeding information: (cereals, baby food, table food, juices, etc) _____

4. Food allergies or foods to avoid: _____

5. Follow Child and Adult Care Food Program guidelines and requirements:
 Yes No (circle one)

Parent Signature: _____ **Date:** _____

Changes in Schedule

| Date | New Food | New Instructions | Parent Signature |
|------|----------|------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Infant Formula Selection & Solid Foods Parent Instruction Guide

Nebraska Child and Adult Care Food Program
Revised March 2020



Dear Parent:

The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the child care provider and families to ensure that breastmilk/formula/solid baby foods (texture appropriate) are served at the discretion of the parents. **As new foods are introduced at home, the form should be updated.** This allows the child care provider to know what and when to serve solid foods.

Section Instructions:

- A. Infant Formula Selection:** This section is completed upon enrollment. Child care providers are required to offer an iron-fortified formula to all infants in their care. This section will state which iron-fortified formula is provided. Parents must either **accept or decline** the formula offered. If the parent declines the formula provided by the child care provider, an approved formula and/or breastmilk must be provided by the parent.
- B. Infant Meals:** Once texture appropriate foods have been introduced at home, this section must be updated. The parent must identify which texture appropriate foods and which meals and snacks they wish their child to be offered. An approval date must be entered into the box next to the meals and snack as well as next to the foods the parent wishes be offered. This form should be updated as foods are introduced at home or as the feeding schedule changes. Once an infant is regularly consuming a variety of foods, the child care provider must offer the child meals/snacks consistent with the CACFP Infant Meal Pattern (shown below).

CACFP Infant Meal Pattern

| Meal | Birth through 5 months | 6 through 11 months* |
|---------------------------------|--|---|
| Breakfast, Lunch, Supper | 4-6 fluid oz of breastmilk ¹ or iron-fortified infant formula | 6-8 fluid oz of breastmilk ¹ or iron-fortified infant formula -AND-² *0-4 Tbsp iron-fortified infant cereal, meat, fish, poultry, whole eggs, cooked dry beans, cooked dry peas -OR- 0-2 oz cheese -OR- 0-1/2 cup cottage cheese -OR- 0-4 oz or 1/2 cup yogurt ³ -OR- A combination of the above -AND- *0-2 Tbsp vegetables or fruit or a combination of both ⁴ |
| Snacks | 4-6 fluid oz of breastmilk ¹ or iron-fortified infant formula | 2-4 fluid oz breastmilk ¹ or iron-fortified infant formula -AND-² *0-1/2 oz eq bread ⁵ -OR- 0-2 crackers ⁵ -OR- 0-4 Tbsp iron-fortified infant cereal ⁵ -OR- 0-4 Tbsp ready-to-eat breakfast cereal ⁵⁻⁶ -AND- *0-2 Tbsp vegetable or fruit, or a combination of both |

*Foods should be introduced when the infant is developmentally ready. Once parent has approved baby/solid foods (texture appropriate), these components must be provided

¹Breastfeeding on site is creditable as part of a reimbursable meal or snack. For infants who regularly consume a smaller amount of breastmilk, a smaller amount can be served as long as the full serving is available and offered. ²Foods from the following components are required when developmentally ready. ³Yogurt must contain no more than 23 grams of sugar per 6 ounces. ⁴Juice is not creditable for infants. ⁵A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

⁶Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

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Infant Formula Selection & Solid Foods

Nebraska Child & Adult Care Food Program



The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the child care provider and families to ensure that formula/solid baby foods (texture appropriate) are served at the discretion of the parents. **As new foods are introduced at home, the form must be updated.** This allows the child care providers to know when and what solid foods should be served.

| | |
|--------------------|----------------------|
| Infant Name: _____ | Date of Birth: _____ |
|--------------------|----------------------|

A. **Infant Formula Selection:** This center provides _____ (brand) iron fortified infant formula to all infants under one year of age. I **ACCEPT** or **DECLINE** (Please circle one) the center's formula. If declined, please identify what will be provided **BREASTMILK** (circle) or **FORMULA** (list brand) _____.

Approximate Feeding Times: _____ **Approximate Quantity (Ounces):** _____

Parent Signature: _____ **Date:** _____

B. **Infant Solids Permission:** My infant is ready for solid foods to be served, in addition to formula or breast milk, according to the CACFP Infant Meal Pattern. Please insert date (month/yr) each food may be served and check all meals those foods may be served:

| Food | Date (Month/Yr) | Meals (Please check) | | | Food | Date (Month/Yr) | Meals (Please check) | | | Food | Date (Month/Yr) |
|--------------------------------------|--------------------|-------------------------|-------|----|-------------------------|--------------------|-------------------------|-------|----|---|--------------------|
| | | BK | LU/SU | SN | | | BK | LU/SU | SN | | |
| Iron-Fortified Infant Cereals | | | | | Fruit/Vegetables | | | | | Ready-to-eat Breakfast Cereal (SNACK ONLY) | |
| Rice | | | | | Applesauce | | | | | Cereal: | |
| Oat | | | | | Apricots | | | | | Cereal: | |
| Barley | | | | | Avocados | | | | | Cereal: | |
| Mixed | | | | | Bananas | | | | | Grains (SNACK ONLY) | |
| Wheat | | | | | Carrots | | | | | Bread/Rolls | |
| Meat & Meat Alternatives | | | | | Corn | | | | | Biscuits | |
| Beef | | | | | Green Beans | | | | | Saltine Crackers | |
| Dry Beans | | | | | Mango | | | | | Pancakes | |
| Cheese, Natural | | | | | Melon | | | | | Waffles | |
| Chicken | | | | | Peaches | | | | | Tortillas soft | |
| Cottage Cheese | | | | | Pears | | | | | Other: | |
| Dry peas | | | | | Peas | | | | | Please note changes to infant's feeding schedule on the back of this page. | |
| Fish | | | | | Plums/Prunes | | | | | | |
| Pork | | | | | Potatoes | | | | | | |
| Tuna | | | | | Squash | | | | | | |
| Turkey | | | | | Sweet Potatoes | | | | | | |
| Whole Egg | | | | | Other: | | | | | | |
| Yogurt | | | | | Other: | | | | | | |
| Other: | | | | | Other: | | | | | | |



Infant Formula Selection & Solid Foods Child Care Provider Instruction Guide

Nebraska Child and Adult Care Food Program

Revised March 2020



Dear Child Care Provider:

The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the child care provider and families to ensure that breastmilk/formula/solid baby foods (texture appropriate) are served at the discretion of the parents. **As new foods are introduced at home, the form should be updated.** This allows the child care provider to know what and when to serve solid foods.

Instructions:

1. **Infant Formula Selection:** This section is completed upon enrollment. Child care providers are required to offer an iron-fortified formula to all infants in their care. This section must state which iron-fortified formula the child care provider is providing. Parents must either **accept or decline** the formula offered. If the parent declines the formula provided by the child care provider, an approved formula and/or breastmilk must be provided by the parent.
2. **Solid Foods:** Once texture appropriate foods have been introduced at home, this section must be updated. The parent must identify which texture appropriate foods and which meals and snacks they wish their child to be offered. An approval date must be entered into the box next to the meals and snack as well as next to the foods the parent wishes be offered. This form should be updated as foods are introduced at home or as the feeding schedule changes.
 - a. If the parent/guardian is unable to complete the date of each new solid food but verbally states to the child care provider the infant has begun a new solid food, the child care provider may document on the Solid Foods portion of the Infant Formula Selection & Solid Foods Form the date and meals the new food(s) may be served. The child care provider must initial next to the dates of those new foods.
 - b. Once an infant is regularly consuming a variety of foods, the child care provider **must** offer the child meals/snacks consistent with the CACFP Infant Meal Pattern. (All three components must be offered for all meals including snacks) All infants must be served at least the minimum portion of each required component.
 - c. The child care provider should write in the type of "ready to eat" breakfast cereal being offered on the Infant Formula Selection & Solid Foods form. (All ready to eat breakfast cereal must meet the sugar limit requirement of no more than 6 grams of sugar per dry ounce.)
 - d. If an infant normally eats solids foods for all meals but the parent requests no solid foods due to special circumstances (i.e. child has had an upset stomach) then the child care provider needs to document the parent/guardian's statement, initial, and date on page 2 of the Infant Formula Selection & Solid Foods form or directly on the infant meal production record.
3. **Infant Meal Production Records:** All required components and quantities prepared of those components must be documented on the infant meal production records at the time of each infant's meal preparation. This is considered the point of service for infant meals.
4. **Infant Meal Count Records:** Once the infant has a complete meal production record for each meal, the meal count sheet (the blue/white sheet) must be marked to claim that meal for reimbursement.

For more information, please contact:

Nebraska Department of Education

Office of Nutrition Services

P.O. Box 94987

Lincoln, NE 68509

Telephone: 402-471-2488

Web site: <http://www.education.ne.gov/NS>

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