



Welcome to Little Hands Big Hearts Learning Center

2026 - 2027 Enrollment

We are excited to have you join our family

Please read through and fill out, completely, each for that is in this packet. Some forms are "family" forms and only one form per family needs to be filled out. Some forms are "child" forms and each child requires a form.

All Program policies are listed on our website under the policies tab in the menu. Please go to our website www.bigheartstulsa.com to review and read through the Parent handbook. Sign the " receipt of handbook" page and return with all your forms.

If your child is from the age of 0 - 25 months, please provide an updated immunization record. If your child is age 3 & up please provide an updated immunization record ONLY if they have received any vaccines over the past year.

Our Annual Enrollment fee is \$75.00 per single child family or \$100.00 for 2 or more children within the same family. The enrollment fee is required upon enrollment. If you enrolled your children in June , July, August your new enrollment fee will be prorated for the 2026 -2027 enrollment year.

Our center uses **Procare** as means of communication with our parents, and to track attendance. Upon enrollment all parents are required to download the **Procare app**. You will receive an email with 10 digit code so you can finish the registration process.

If you have any questions please contact us at the center, during business hours (6 am - 5:30pm) at 918-938-6998

Child Enrollment Form

Enrollment Date: _____

J132115

Child's Full Name: _____ DOB: _____

Type of Account: ☐ Private ☐ DHS ☐ Tribal ☐ CAP

Authorized Caregiver:	Authorized Caregiver:
Relationship to Child: ☐ Biological ☐ Step-Parent ☐ Foster ☐ Adopted ☐ Other _____	Relationship to Child: ☐ Biological ☐ Step-Parent ☐ Foster ☐ Adopted ☐ Other _____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ ST _____ Zip _____	City: _____ ST _____ Zip _____
Cell#: _____ Cell Carrier: _____	Cell#: _____ Cell Carrier: _____
Email: _____	Email: _____
Place of Employment: _____	Place of Employment: _____
Work#: _____ ext: _____	Work#: _____ ext: _____
Driver License#: _____ ST _____	Driver License#: _____ ST _____

The following individuals are authorized to be notified in case of an emergency and pick up this child from Little Hands Big Hearts:

Name of Person	Emergency/Pick #1		Emergency/Pick #2		Emergency/Pick #3	
	Relationship to Child		Relationship to Child		Relationship to Child	
Emergency Contact	Yes	No	Yes	No	Yes	No
Cell Number						
Driver License #						

I authorize Little Hands Big Hearts to administer CPR/First Aid to this child and/or take them to a nearby medical facility in case of an emergency. This form also serves as a release for the treating facility to perform the necessary procedures for this child in case I am unable to be reached or present at the time of initial treatment.

Child Enrollment Form

Authorized Signature

Date

Court Orders on File: ☐ Yes ☐ No**Cultural Diversity and Awareness:**I would like to share with my child's class our family cultures and/or traditions ☐ Yes ☐ No**Immunization Record:**

A copy of your child's immunization record is required to be maintained on file. An immunization record or exemption must be obtained by Big Hearts Little Hands by the first day of attendance and is required to be updated when the child receives additional vaccinations. **Parent/guardian must provide a copy of the current updated immunization record to Little Hands Big Hearts .**

☐ I authorize Little Hands Big Hearts Learning Center to access my child's immunization record through the state documentation system OSIS.

Health Record:_____
Child's physician/clinic_____
Phone_____
Street Address_____
City

OK

Zip_____
Insurance Carrier_____
Policy #

☐ I understand a Medication Permission Record must be signed by a parent/guardian prior to the administration of any medication to my child.

Does your child have any known allergies?

☐ Yes ☐ No

If yes, list allergies and reaction

Does the known allergy require any special precautions, actions or medication?

☐ Yes ☐ No

If yes, please explain

Child Enrollment Form

Are there any special considerations that would assist the staff in providing care to your child? ☐ Yes ☐ No

If yes, please describe

Will your child receive any specialized services from professionals outside of

Little Hands Big Hearts ?

☐ Yes ☐ No

☐ If yes, I understand a signed and dated parent/guardian permission is required

I give permission to Little Hands Big Hearts to complete health/development screenings for speech development testing, hearing and vision testing, and/or physical or occupational therapy. These screening will be conducted by Little Hands Big Hearts personnel or by an outside professional agency. ☐ Yes ☐ No

Transportation:

What school does your child attend? _____

When will they need care? ☐ Before school only ☐ Before and After school ☐ After school only

☐ I give Little Hands Big Hearts permission to transport my child under the following circumstances:

Select all that apply:

☐ To and from above named school

☐ Field trips

☐ In case of an emergency and I cannot be reached

☐ Other, Specify:

☐ I understand, if my child does not follow the rules of transportation to and from school they will be suspended from the ability to ride for a designated period of time. Length of suspension will be determined on a case by case basis by the management.

Child Enrollment Form

Annual Review: Please review enrollment form for accuracy, if no changes need to be made please sign and date below.

Date	Signature

Little Hands Big Hearts Learning Center

Rules & Regulations – 2026–2027 School Year

1. Attendance & Punctuality

- Children must arrive no later than 9:00 AM.
- Your child MUST be here 3 days out of the week to hold his/her spot.
- Suspended children from school will not be able to come to daycare.
- After 2 weeks of absence and no communication, your child / children will be dropped .
- If your child will not be riding the bus for the day you MUST let us know by 1 pm. If we have to call you during the bus run you will incur a \$5 fee every time.

2. Drop-Off & Pick-Up

- Authorized adults must sign children in/out daily.
- ID will be required if the pickup person is not familiar to staff.
- Late pickup after 5:30 PM will incur a \$1/minute fee.

3. Health & Safety

- Children must stay home if they have a fever, vomiting, or contagious illness.
- Must be 24 hours fever free WITHOUT help of medication
- Medications must be submitted with written instructions and a signed release form.

4. Dress Code

- Comfortable, weather-appropriate clothing is required.
- An extra set of clothes (labeled) must be kept in the cubby.
- Your child must have a sufficient amount of diapers and wipes for each day of attendance. If your child does not have sufficient supply they will not be able to stay.

5. Meals & Snacks

- Breakfast, lunch, and supper are provided.
school - Age Breakfast 6:30 am - 7:00 am , Regular Breakfast 8:00 am - 8:30 am , Lunch 11:00 am - 11:30 am , Supper 2:00 pm - 3:30
- A sufficient amount of formula must be on hand for your child to be able to attend .
- No outside food or drink

6. Communication

- Parent-teacher conferences held twice per year (fall & spring).
- Urgent messages may be sent through Procure or phone.

7. Tuition & Fees

- Tuition is due on the 15th of each month.
- Yearly Enrollment Fee- \$75 single child , \$100 per Family

8. Holiday & Closure Policy

- Closed on major holidays (list provided separately).
- Emergency closures (weather, etc.) will be communicated on Procure
- No refunds for closures beyond the center's control.

Child's Name

Signature

Date

Consent for Use of Photographs & Video Image

I consent for photographs/video to be made of me or my child (or persons for who I am legal/custodial guardian). I understand that the photographs or video may be used in my client record, on the Big Hearts Little Hands Learning Center website, in pamphlets, brochures or in education and training materials.

By signing this form,

- 1) I understand that I will NOT receive reimbursement or payment of any kind from any party for use of these images.
- 2) I understand and acknowledge that these photographs/video will be available to the general public, and that although they will be used without identifying information such as my name, I understand that it is possible that someone may recognize me or my child.
- 3) I understand that my child's attendance is NOT contingent upon my signing this form or agreeing to the use of my image for any purpose listed on this form.
- 4) I understand that I can revoke this consent for either myself or my child/children at any time. All photographs/videos that were taken of me or my child previous to the dated revocation are property of Big Hearts Little Hands Learning Center. A request to revoke this consent must be provided in writing to the Center Director.
- 5) I confirm that this consent form has been explained to me in terms which I understand.

Signature of Parent or Legal Guardian: _____

Printed Name of Parent or Legal Guardian: _____

Relationship to Minor Child(ren) Listed Below: _____

Name & DOB of minor child/children for whom you are providing consent in addition to yourself.

Minor Child's Name	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date of Birth



Program Information			
Little Hands Big Hearts Learning Center			
Program name			
K830055932			
License number			
8119 E 12th St			
Street address			
Tulsa			
City			
OK			
State			
74112			
ZIP code			
Mailing address			
918-938-6998			
Phone			
Hannad Naveed			
Owner			
Child Information			

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth
Agreement and Signature	

• I understand and am aware:

- ☒ this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
- ☒ of the Compliance File location and its contents.
- ☒ this form is to be completed:
- ☒ upon child enrollment and
- ☒ every 12 months thereafter.
- ☒ a copy of the program specific Notice to Parents is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:
☒ DHS Publication No. 14-01, Notice to Parents for Child Care Program
☐ Form 07LC084E, Notice to Parents for Family Child Care Home

Parent or legal guardian name _____
 Parent or legal guardian signature _____
 Date _____

RECEIPT OF HANDBOOK

Confirmation of Understanding and Compliance with Big Hearts Little Hands Learning Center Parent/Legal Guardian Guidelines and Procedures/Policies

I confirm that I have read and understand Big Hearts Little Hands Learning Center Parent/Legal Guardian Guidelines and Procedures and Policies. By signing this confirmation, I am agreeing to comply with all procedures and policies. I also am aware that if at any time, I have questions or concerns regarding guidelines, procedures or policies I will address them with the Director.

Parent/Legal Guardian Name

(Printed): _____

Parent/Legal Guardian Signature: _____

Date Signed: ____/____/____

CHANGES IN POLICY

This handbook supersedes all previous parent handbooks, policies, procedures, practices, and memos that may have been issued from time to time on subjects covered in this handbook and/or the policy and procedures. At a minimum, Big Hearts Little Hands Learning Center will review the handbook annually and all families are required to sign and acknowledge their receipt and understanding of the handbook.

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP, TANF, OR FDIPIR, FOLLOW THESE INSTRUCTIONS:

Top Section: List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

List the case number for a child receiving SNAP, TANF, or FDIPIR benefits.

Check normal days the child is in care.

Part 1: Answer this question if you choose.

Part 2: Skip this part unless a household member listed has SNAP, TANF, or FDIPIR benefits. List the household member and add the case number to the last column.

Part 3: Sign the form. The last four digits of a social security number are NOT necessary.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

Top Section: List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check any child enrolled that is a foster child (a child awarded to the State)

Check normal days the child is in care.

Part 1: Answer this question if you choose.

Part 2: Skip this part.

Part 3: Sign the form. The last four digits of a social security number are NOT necessary.

• If any child in the household is a foster child, mark the foster box in the top section for each foster child in the household.

IF YOU ARE APPLYING BASED ON INCOME, FOLLOW THESE INSTRUCTIONS:

Top Section: List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check any child enrolled that is a foster child (a child awarded to the state)

Check normal days the child is in care.

Part 1: Answer this question if you choose

Part 2:

Follow these instructions to report total CURRENT household income.

• **Column A—Name:** List only the first and last names of EACH person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

• **Column B—Gross Income:** For each household member receiving income, list each income received and the interval the household member is paid.

In Box 1, list the gross income, not the take-home pay. Gross income is the amount earned BEFORE taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

• If any member of the household does not receive income, the zero income box should be marked as no reportable income or \$0 can be listed in the income box.

Part 3:

Sign and date the form. The last four digits of a social security number IS necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2025-2026

Enrollment Section: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDIPIR or is a Foster child, also complete the last two columns of this section and ship to Part 3

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or EDPFR # (last case #)
			B AM L PM S LPM	☐	☐	
			B AM L PM S LPM	☐	☐	
			B AM L PM S LPM	☐	☐	
			B AM L PM S LPM	☐	☐	
			B AM L PM S LPM	☐	☐	
			B AM L PM S LPM	☐	☐	

Normal Days in Care : Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

PART I: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Mark one ethnic identity:	Mark one or more racial identities:
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☐ Asian	☐ Not Hispanic or Latino
☐ White	☐ Hispanic or Latino
☐ American Indian or Alaskan Native	
☐ Native Hawaiian or Other Pacific Islander	
☐ Black or African American	

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

B. GROSS INCOME AND HOW OFTEN PAID		A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	
		Earnings From Work (Before Deductions)	1. \$
		Welfare, Child Support, Alimony	2. \$
		Pensions, Retirement, SSI, VA Benefits	3. \$
		All Other Income or SNAP, TANF, FDIPIR #	4. \$
		Zero Income	5. \$

PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant and receiving agency lose the meal benefits and I may be prosecuted.

Signature of Adult Household Member _____
Home/Cell Phone Number _____ Date _____
Last four digits of social security number: 0000 - 99 - ☐ I do not have a social security number

FOR INSTITUTION USE ONLY:

Against Income Contention: Weekly x 52
Every 2 Weeks x 26
Twice a Month x 24
Monthly x 12

☐ Free
☐ Reduced
☐ Not Eligible

☐ SNAP/TANF/EDPIR
☐ Foster
☐ Income: Total Income: \$

Signature of Determining Official

Date

How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually

Household Size

7 CFR 226.15(g)(2)

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the school household member who signs the application. The last four digits of the Social Security Number are not required, but you may complete it for a family child or youth that is a dependent of a family member. Temporary Assistance for Needy Families (TANF) Program or Food Stamps (SNAP) case number for the participant or other (TANF) identifier or other food assistance that the adult household member signing does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for membership rules.

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), age, or handicap or retaliation for prior civil rights action. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language) should contact the responsible state or local agency that coordinates the program or USDA's TARGET Center at (800) 795-6000 or TDD at (800) 795-6000. For more information regarding your civil rights at USDA, please visit <http://www.usda.gov/civilrights>. Your complaint about discrimination against your individual rights may be filed at any time by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written declaration of the alleged discriminatory action, date of occurrence, and the specific statute or law that has been violated. The complaint must be submitted to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410; or fax: (202) 735-6060 or (202) 690-1442; or email: usdaregistration@usda.gov. This institution is an equal opportunity provider.