



# Early Explorers

through Willard Community Center  
Toddler Program  
1245 S. Folsom

.....  
Open 6:30 AM - 6:00 PM Monday-Friday  
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## ABOUT THE PROGRAM

The Early Explorers Infant program is located at 1245 S. Folsom Street on the 1<sup>st</sup> floor. Willard is a licensed child care facility for children ages 6 weeks to 13 years old. We participate in Nebraska's Step Up To Quality Program, providing high-quality care for our students and families.

With a very low teacher-to-child ratio, children feel safe, secure, and loved throughout the day. Our Toddler Program offers care for children ages 18 - 36 months.  
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### RATES

\$250 per week

### Registration Fee

A non-refundable registration fee of \$49 must be paid before care may begin.

State subsidy is accepted for qualifying families. Willard must receive authorization before your child may begin.

Lincoln Littles Tuition Assistance is available for qualifying families.  
Please contact Kaylee Ohmart for more information.

**CALL OR EMAIL US  
TODAY TO SET UP YOUR  
TOUR**  
**402-475-0805**  
willard@willardcommunitycenter.org

### Closure Dates:

- June 19<sup>th</sup>
- July 3<sup>rd</sup>
- August 6<sup>th</sup>, 7<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup>
- September 7<sup>th</sup>
- November 25<sup>th</sup>-27<sup>th</sup>
- December 23<sup>rd</sup> -25<sup>th</sup>
- January 1<sup>st</sup>
- January 18<sup>th</sup>
- May 21<sup>st</sup>, 24<sup>th</sup>, and 31<sup>st</sup>

.....  
Once you have completed and turned in enrollment paperwork, you must allow 24 hours for processing. You will be contacted with your child's start date once the paperwork has been processed.

Contact Kaylee Ohmart, Early Childhood Director with any child care billing questions at:  
Willard Community Center  
1245 S. Folsom  
Lincoln, NE 68522  
Phone: 402-475-0805 (option 1, option 3)  
Fax: 402-438-0574  
Email: kayleeo@willardcommunitycenter.org  
www.willardcommunitycenter.org







# Early Explorers through Willard Community Center

## Toddler Program 2026-2027 Enrollment Form

Registration Fee:  I have included the registration fee of \$49 per child with the paperwork  
 Fee will be paid by \_\_\_\_\_ (The child cannot start until this fee is paid)

I receive child care subsidy: I understand I am responsible for the registration fee, and Willard must receive my child's subsidy authorization before starting.  
Provider Number: [33669472](https://www.willard.org/33669472)



### STUDENT INFORMATION:

Student's Name \_\_\_\_\_

Name your child goes by: \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Home/Billing Address \_\_\_\_\_ Zip code \_\_\_\_\_

When did your child first enroll in a Willard program? \_\_\_\_\_ Grade/program just completed \_\_\_\_\_

How did you hear about Willard?  School  Friend /Family  Advertisement  Other: \_\_\_\_\_

If this is your child's first time attending Willard, where did they previously attend? \_\_\_\_\_

#### Ethnicity:

- Hispanic/Latino
- Non-Hispanic/Latino

#### STATISTICAL INFO:

My household falls below the 80% median income  
 Yes  No

My child is an English Language Learner  
 Yes  No

Native language, if yes: \_\_\_\_\_

My child receives SPED services during the school year  
 Yes  No

#### Lincoln, Nebraska Area Median Income

Source: [lincoln.ne.gov](https://www.lincoln.ne.gov)

Size of Household	80% Median Income
1	\$60,200
2	\$68,800
3	\$77,400
4	\$86,000
5	\$92,900
6	\$99,800
7	\$106,650
8	\$113,550

#### Race:

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific islander
- Caucastion/White
- Middle Eastern or North African
- Other

### GUARDIAN INFORMATION:

PARENTAL STATUS:  Married/long term partner  Single  Divorced/Separated  Widowed  Other: \_\_\_\_\_

CUSTODIAL & LEGAL GUARDIAN:  Mother  Father  Both  Other: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ May we email you?  Yes  No

Father/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ May we email you?  Yes  No

### AUTHORIZED PERSONS TO PICK UP CHILD:

(A form of picture identification will need to be presented to the staff upon pick up, matching the information you have provided.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

If neither parent/guardian can be reached in an EMERGENCY, please call: (At least one emergency contact is REQUIRED)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_



Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

**HEALTH INFORMATION:**

Does your child have any health or medical issues/allergies or other concerns that we need to be aware of?  
\_\_\_\_\_

Will your child require any medication during Willard hours? \_\_\_\_\_

**Parent/Guardian Medication Administration Permission:**

According to Nebraska State Licensing Standards, prescription and over the counter medications can be given at the Center when brought in the original container and clearly labeled with the child's name, name of the medication, and the directions for administering the dosage. I understand that Willard Administration has the responsibility to assess staff's ability to safely give or apply medication.

I \_\_\_\_\_, have determined that Willard Community Center staff is competent to give or apply medications and first aid products to my child, \_\_\_\_\_.

Medications: Yes No First Aid: Yes No

**Information About Your Child:**

Child's siblings (This will help spell their names on their artwork):  
\_\_\_\_\_

Family pets (Type & Name):  
\_\_\_\_\_

What are your child's interests?  
\_\_\_\_\_

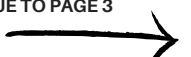
What activities does your child like to do?  
\_\_\_\_\_

What are your child's favorite snack foods?  
\_\_\_\_\_

What are your child's dislikes (food, activities & etc.)?  
\_\_\_\_\_

Is there anything else you would like us to know about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE CONTINUE TO PAGE 3



Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

**REQUIRED PERMISSIONS:**

**By signing this, I agree to the following (please circle each answer)**

Yes No I permit my child to be enrolled in the Willard Community Center programs.

Yes No I give the Willard Community staff permission to use any photographs, writings, artwork, etc., for use on the Willard Community Center's social media platforms, promotional materials, presentation/documentary purposes, etc.

Yes No I consent to my child's transportation by any means deemed appropriate for Willard Community Center programming participation. Booster seats will be provided as required by licensing regulations.

Yes No I understand that my child must be on-site at Willard Community Center when vans leave for field trips. Otherwise, my child will not be able to attend.

Yes No When the parent/guardian/emergency contact cannot be reached in an emergency, the staff has permission to call the family doctor/health service. Permission is granted for another physician to give emergency care if the child's physician can not be reached.

Doctor/Health Service Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Yes No Willard staff will transport my child to the nearest emergency facility if necessary. If NO, I want my child transported to: \_\_\_\_\_

Yes No I permit the Willard Community Center staff to help my child apply program-provided sunscreen with a 30 SPF or higher to my child as needed. If NO, I have provided the following type/brand for Willard staff to use on my child with my child's name on it: \_\_\_\_\_

Yes No I understand that Willard Community Center does not carry health and accident insurance for my child. As a parent/guardian, I will be primarily responsible for an injury where bills are incurred.

Yes No I have received and read a Parent Handbook and Parent Information Brochure (which can be found on our website www.willardcommunitycenter.org if needed).

Yes No I understand that I am financially responsible for all charges and that I am liable for all legal fees.

Yes No I understand that I will be charged a late fee to be paid in cash if I do not pick-up my child by closing at 6:00 PM.


Yes No I understand kids will be using Schroder Park on a daily basis, which is not on Willard Community Center's property. I permit my child to walk to the nearby park for a field trip.

Yes No I authorize Willard Community Center to share my contact information with other families enrolled in the preschool/pre-k programs in a directory to connect outside of programming.

Email  Phone Number

Yes No I consent to have my child's enrollment form and parent contract reviewed during Willard's Step Up To Quality observation.

Yes No I have read and understand Willard's new policy regarding Violent Child Behavior

 Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CONTINUE TO Parent Payment Contract 







# Early Explorers through Willard Community Center

## 2026-2027 Parent Payment Contract

**Your child will not have a secure spot until your contract is turned in.**

This contract is made between the parent(s)/guardian(s):

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Name of parent(s)/Guardian(s) who will be responsible for paying any child care fees associated with the Early Explorer's program

The contract is for the care of the following children (only one per family is required):

-----  
Child's name and date of birth

-----  
Child's name and date of birth

-----  
Child's name and date of birth

I understand it is my responsibility to pay the program tuition by the beginning of each week/month or set up alternate payment dates with the Early Childhood Director. Payment amounts may change at any time by the Board of Directors. Should there be any changes, Willard's administration will notify parents using the Brightwheel software application to include the effective date and newest rates.

I understand I am responsible for paying the non-refundable registration fee of \$49 per child before my child can begin the program.

I receive **state subsidy** and understand that Willard must receive my child's authorization before my child can begin. I understand I am responsible for paying the non-refundable registration of \$49 per child before my child begins. If DHHS requires a monthly Family fee for your subsidy, the fee must be paid by the 1st of the month. If you pay a separate provider your family fee, a letter from the other provider stating the family fee is paid to them is required. **Willard's Provider number: 33669472**

**Late Payment Policy:**

Delinquent accounts will be provided notice of deficiency. Accounts remaining delinquent for more than four weeks without Executive Director (or Board approval as required) will be turned over to collections at the Board of Director's discretion. Recognizing our organization's mission, the Board of Directors has authorized the Executive Director or her appointee to approve individualized payment plans for families in rare financial distress or emergencies. Any family may request a temporary exception to the policy in writing, which should detail the reason(s) for the exception and the proposed payment plan. The Executive Director or appointee may only approve deviations up to a maximum of \$500.00 carrying balance per family. All families with a balance at the end of the month will be reported to the Board of Directors. Any family exceeding \$500.00 will require the Board of Director's written approval. Accounts remaining unsettled will receive monthly notification of delinquency. Delinquent accounts appearing uncollectable may be turned over to collections, resulting in additional legal and financial consequences.

**Child Care Termination:**

The Board of Directors authorizes the Executive Director to refuse services to any child due to delinquency of the account that does not comply with this policy. It is the family's responsibility to request any deviation from the formal payment policy of, Willard.

**Brightwheel:**

Willard Community Center utilizes the childcare software application called Brightwheel. When you sign up your child in any Willard programs, your child/children are added to our system. Parents/guardians will be added via their provided email addresses and phone numbers. **Notifications to parents will be made through the Brightwheel app.** Charges to your child's account will be made through the app, and payments can be made through Brightwheel to automatically withdraw from your banking account (PayPal, Venmo, cash, and checks still accepted). If more than one child attends a Willard program, each child will have separate accounts.

**Late Pick-Up Fees:**

If a parent is late picking up the child, every effort must be made to contact the provider. Late fees must be paid in cash to the staff that day. Willard Community Center staff may only allow care once payment is received. Care may also be denied to the family if the child(ren) is picked up late consistently.

There is an initial fee of \$50. Additionally, you will be charged \$5 per minute that you are late picking up your child. Payments must be paid in cash or Venmo by the following day, or your child may not return. Pick-up time is based on the initial point of contact with a staff member.

If the child remains in our care one hour after our licensing closes, authorities will be contacted. Our license ends at 6:00 PM; staying late with a child would violate our license agreement with the State of Nebraska.

All payments can be made on-site via check, cash, or money order (change will not be available for any cash payments). Card payments can be made through Brightwheel or by going to our website [www.willardcommunitycenter.org](http://www.willardcommunitycenter.org) and using the secure PayPal checkout. We also accept Venmo payments @willardcommunity-center.

**Violent Behavior & Police Involvement Policy (Summary):**

**Purpose:** To ensure the safety of all children, staff, and property by outlining clear steps for handling violent behavior.

**Who It Applies To:** All students enrolled at Willard Community Center.

**Immediate Safety Actions:** If a child acts violently - threatening harm to themselves, others, or damaging property - staff will take quick action, which may include evacuating the area.

**Parent/Guardian Contact & Pick-Up:**

- Parents will be called right away if their child’s behavior leads to evacuation, destruction of property, or serious safety risks.
- The child must be picked up promptly.
- If the authorized escort doesn’t respond or arrive in the stated timeframe, police may be contacted.
- Parents will be notified before law enforcement is involved.

**When Police May Be Called:**

- If there’s an immediate danger to the child or others
- If de-escalation fails
- If property damage creates a hazard
- If the child isn’t picked up during the stated time and behavior continues

All incidents involving police will be documented, and parents informed.

**Follow-Up:**

- A meeting with parents/guardians may be required before the child returns.
- Repeated or severe incidents may result in immediate expulsion.
- Expelled children must wait at least one year and provide documentation from two professionals to be considered for re-entry.

**Reporting & Training:**

- All incidents are reported to Willard’s Board and DHHS.
- Staff receive training in crisis response and de-escalation.
- Any changes to this policy must be board-approved.

**Signatures:**

The signature(s) below indicate agreement with this contract and the written policy in the Center's Parent Handbook. The parent(s) agree to pay for the child’s fees on time and agree to the terms and payment of late fees. The provider may change policies as needed with the advance of written notice.

Parent signature & date: \_\_\_\_\_

Parent signature & date: \_\_\_\_\_

Willard Staff signature & date: \_\_\_\_\_

Please let the Early Childhood Director know if you would like a copy of your signed contract, and one will be mailed to you.