



Willard Community Center's Early Childhood Programs Preschool & Pre-k at 1245 S. Folsom

Open 6:30 AM - 5:30 PM Monday-Friday

RATES

Full-time

\$220 per week

Part-time

The child is not a part of the LPS program

9:00 AM -11:30 AM

OR

Monday-Friday

3:00 PM-5:30 PM

Monday-Friday

\$319 per month

Part-time

The child attends a part-time LPS program.

Hours will vary based on LPS. Parents/guardians must arrange child transportation to and from LPS preschool programs.

Monday-Friday

\$319 per month

\$44 per day if your child will attend an entire day during the LPS non-school days. If your child attends more than two full days in 1 week, you will be charged the weekly tuition fee of \$220.

Registration Fee

\$45 to 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 available for qualifying families. Families must show state subsidy determination and provide income verification.

**CALL OR EMAIL US
TODAY TO SET UP YOUR
TOUR**

402-475-0805

willard@willardcommunitycenter.org

Once you have completed and turned in enrollment paperwork. You must allow 24 hours for processing.

Kaylee Ohmart will contact you with your start date.

Programs will hold an open house for enrolled students on Wednesday, August 14th @ 6:30 PM.



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

ABOUT THE PROGRAMS

Willard Community Center Preschool and Pre-K programs are located at 1245 S. Folsom Street. Preschool is taught on the 1st floor while the Pre-K is taught on the 3rd floor.

Willard is a licensed child care facility for 3-4-5 year-olds.

With a very low teacher-to-child ratio, children feel safe, secure, and loved throughout the day. The curriculum focuses on developing your child's social/emotional, cognitive, fine, and large motor skills.

Daily activities and weekly themes encourage multicultural awareness and parent involvement.

Learning centers include age-appropriate math, science, language, literacy, blocks, dramatic play through indoor & outdoor times, and many more.



Daily Items

Back Pack

Sack Lunch

Keep at Willard

Pillow & Blanket

Water Bottle

Extra Clothes

Family Photo

Hand lotion (optional)

Sunscreen (optional)

(We provide at least SPF 30)

FULL-TIME

Available Monday through Friday from 6:30 AM through 5:30 PM. (Separate registration for summer care is required.)

A morning snack and afternoon snack are provided, and parents are asked to bring a sack lunch for their child. Children will lay down for an afternoon nap every day after lunch. Children are not required to sleep, but a quiet rest time is mandatory from 1:00 PM - 3:00 PM. Children must be potty trained before enrolling.

PART-TIME: Wrap Around Care to LPS Preschool

This program is available Monday through Friday. We will work with LPS preschool class times. Parents will need to contact LPS transportation to arrange transport to Willard before or after their child's class through the school.

Additional hours are available for LPS no school and PLC days for an additional rate of \$44 per day attended. Children must be potty trained before enrolling.

PART-TIME: Child not attending another program

This program is available

Monday through Friday from 9:00 AM to 11:30 AM

OR

Monday through Friday from 3:00 PM-5:30 PM

A snack will be provided to the children. Lunch will not be provided. Children must be potty trained before enrolling.

For more information, please contact us!

Student Calendar

Willard Community Center follows the LPS student calendar. No childcare services will be offered on the scheduled non-school days. Willard Community Center will provide Preschool and Pre-k to the enrolled students over the long breaks such as:

Fall, Winter, and Spring Break.





Willard Community Center Early Childhood Programs

Full-time & Part-time Preschool and Pre-k 2024-2025 School Year Enrollment Form

Registration Fee: I have included the registration fee with the paperwork \$45 Fee will be paid by _____ (The child cannot start until this fee is paid)
 Preschool (Must be age 3+) Pre-k (Must be age 4 by 07/31/2023)

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

Full-Time Program (open 6:30 AM - 5:30 PM Monday-Friday): \$220per week

Part-Time Program Please circle one (LPS Wrap Around) OR (9:00-11:30 Monday-Friday) OR (3:00-5:30 Monday through Friday) \$319 per month

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

Size of Household 80% median income

Source: [U.S. Department of Urban Development](#)

Size of Household	80% median income	
	Annual	Monthly
1	\$50,750	\$4,229
2	\$58,000	\$4833
3	\$65,250	\$5438
4	\$72,500	\$6063
5	\$78,300	\$6525
6	\$84,100	\$7008
7	\$89,900	\$7492
8	\$95,700	\$7975

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):

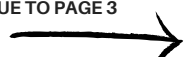
What are your child's interests?

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?



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. Car/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 and swimming. 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 5:30 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

 Parent/Guardian Signature _____ Date: _____

PLEASE CONTINUE TO Parent Payment Contract 





Willard Community Center Early Childhood Programs

2024-2025 School Year 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):

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

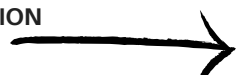
I understand it is my responsibility to pay the program tuition by the beginning of each week/month or set up alternate payment dates with the Early Childhood Director. Payment amounts may change at any time by the Board of Directors. Should there be any changes, Willard's administration will notify 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 \$45 per family 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 \$45 per family 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.

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 5:30 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 and using the secure PayPal checkout. We also accept Venmo payments @willardcommunity-center.

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.


Student Calendar:

Willard Community Center follows the LPS student calendar. No childcare services will be offered on the scheduled non-school days. Willard Community Center will provide preschool and pre-k to students enrolled over long breaks such as Fall, Winter, and Spring Break.

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.