

# *The Learning Enrichment* F O U N D A T I O N

**LEF Childcare Parent Portal** 

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0	Parent Name						
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101	Edit Child Informatio	'n		Last Name *	E-mail		
	Invoices				Confirm Email Address *		_
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9	Tax Receipts						
	Parent Handbook						
Security				Personal Information - Detailed Consent - This	consent form is between the undersigr	ned, referred to as	
	Change Password			hereinafter as the "client", and the Learning Enrichment Foundation Instructions: Read this carefully and completely. If you	n, hereinafter referred to as "LEF". have any questions ask for clarifica	ition.	
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Ċ	Manage External Aut	hentication		Personal Information Detailed Consent *			
				Phone Number			
				347-775-6967			

Home > Profile

#### PROFILE Please provide some information about yourself. Parent Name Your Information Profile 2 First Name \* Middle Name Child Registration Parent Edit Child Information Last Name \* Name Our navigation bar is now more clear Invoices and the options are easy to see 틯 Paid Invoices User Name Tax Receipts Parent Handbook Security Personal Information - Detailed Consent - This consent form is between the undersigned, referred to as hereinafter as the "client", and the Learning Enrichment Foundation, hereinafter referred to as "LEF". A Change Password Instructions: Read this carefully and completely. If you have any questions ask for clarification. PERSONAL INFORMATION - LEF needs to collect personal information to provide training, counselling, job search, and childcare services to our clients. LEF will only collect, use and disclose personal information in a manner that a reasonable person would consider 0 Change Email 10 appropriate. R Manage External Authentication Personal Information Detailed Consent \* Phone Number 347-775-6967

🛖 📔 Contact Us 📔 🔍 📔 Parent Name 🗸

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Home > Client Registration

#### CLIENT REGISTRATION Adding a child into waitlists is faster Estimated Co Parent Name Profile 2 Step 2 of 5 **Child Registration** [@] Program Registration & Contacts Edit Child Information Wait Lists Invoices Add your child to a new waitlist 慢 Paid Invoices Client 1 Program Start Date Location Service Offering Location ~ Child. Name. 7/28/2023 Romero Bears Child rome Infant Tax Receipts Care Centre Child, Name, 7/28/2023 Donald C. MacDonald dcm Infant ~ Parent Handbook Child Care Centre ~ 7/28/2023 Child. Name. George Harvey Child ghar Infant Care Centre Security Change Password æ **Emergency Contact** θ Change Email Relationship \* Relationship \* 명 Manage External Authentication $\sim$ $\sim$ Name \* Name \* Cell Phone \* Cell Phone \* Provide a telephone number Provide a telephone number

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[9]	Child Registration	General	)
E.	Edit Child Information		
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E)	Paid Invoices	First Name *	Middle Name
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Security		Guardian Name	Primary Language * Spanish 🗶 Q
A	Change Password	Preferred Official Language *	Date of Birth *
Ŕ	Change Email	French Q	6/26/2023
E	Manage External Authentication		<b>x</b> Q
		Gender	

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Home > Parent Handbook



# **1- Profile.**

Parent general information.

# 2- Child Registration.

Wait lists registration and additional general information.

## **3-** Parent Handbook.

Read the parent handbook and download the "sign and return" form. Complete the 3 steps for a successful registration

# - Parent Profile



## Select "Profile" and add the information. Click on the "Update" button at the end to submit the information.

### PROFILE

		Parent Name	PI Y	lease provide some information about yourself. 'Our Information		
	<b>y</b>	Profile	ď	First Name *	1	Middle Name
		Child Registration	1	Last Name *	]	E-mail
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				4377754444 Mobile Phone		
				Provide a telephone number		

# 2- Child Registration



General	Program Registration & Contacts	Medical and Health Information	Additional General Information	Policies a Procedur Consent Fo
The Lear Se Home > Client Registration CLIENT RE	Iect "Child Registra GISTRATION	ation" and Comple	ete the 5 required	steps ent Name -
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General	Program Registration & Contacts	Medic Inf	al and Health ormation	Addit In	tional General formation	Policies and Procedures Consent Forms
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General	Program Registration & Contacts	Medical and Healt Information	h Additional General Information	Policies and Procedures Consent Forn
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Invoices	н	ealth History Type 🕇 Details if Other	Diagnosis Date Other Medical Information	Add New
Tax Receipts	k. Me	There are no records to display. edications		_
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Change Email	Authentication	There are no records to display.		
	Ol col	ntırm that my child does not have any illness edical Conditions	es that require receiving medication or that everythin	g has been entered above

General	Program Registration & Contacts	Medical and Health Information	Additional General Information	Policies an Procedure Consent For
The Lear Sel   Home > Client Registration   CLIENT REG   Parent Name   Image: Child Registration     Image:	ect "Child Registra GISTRATION e tion mation pok ord	ation" and Complet nated Completion Time: 15 mins and of 5 ditional General Information and vious Group Care * her adults child stays with * guage(s) at home (Other) Id favourite activities (Other)	ete the 5 required	school)
Change Email	nal Authentication Toileti	ing	Bauel mousement indication	



# **3- Parent Handbook**



## Click on "Parent Handbook"

Home > Profile

### PROFILE

Ω	Parent Name	Please provide some information about yourself. Your Information	
ų – y		First Name * Middle Name	
	Profile	Parent	
	Child Registration	Last Name * E-mail	
80	Edit Child Information	Confirm Email Address *	
	Invoices	User Name	
	Paid Invoices		
	Tax Receipts		
	Parent Handbook	Personal Information - Detailed Consent - This consent form is between the undersign hereinafter as the "client", and the Learning Enrichment Foundation, hereinafter referred to as "LEF".	ed, referred to as
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Ċ	Manage External Authentication		
		Phone Number	
		4377754444	
		Mobile Phone	
		Provide a telephone number	

#### Home > Parent Handbook



Home > Parent Handbook > Sign & Return

# SIGN & RETURN

I have read and understand the Policies and Procedures as outlined in this Manual.

Program N	ame:
Child's Nan	ne:
Parent Sign	ature:
Click to access the PDF version of	
the form	
Please complete	this page and return to Supervisor.
	Thank you.
τς τς τς	
Download the signature form	

### Sign and Return

I have read and understand the Policies and Procedures as outlined in this Manual.

Program Name:	
Child's Name:	
Parent Signatur	e:
Witness:	
Date:	

Please complete this page and return to Supervisor.

Thank you.

LEF Child Care Parent Handbook - January 1, 2020

