

THE PLAYHOUSE PRESCHOOL INC.

CHILD'S ENROLLMENT FORM
2015-2016

Child Information

Child's Name _____ Date of Birth _____

Age at Admission _____ Date of Admission _____

Child's home address _____

Home phone number _____

Primary Language _____ Identifying Marks _____

Eye Color _____ Hair Color _____ Skin Color _____

Sex _____ Height _____ Weight _____

Religious Preference _____ Holiday's/Special Occasions _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

CHILD'S NAME: _____ DATE OF BIRTH _____

*Note: Please provide information for Infants and Toddlers (marked *) as appropriate to the age of your child.

DEVELOPMENTAL HISTORY

Age began sitting _____ crawling _____ walking _____ talking _____

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*Does your child pull up? _____ *Crawl? _____ *Walk with support? _____
Any speech difficulties? _____
Special words to describe needs _____ Language spoken at home _____
*Any history of colic? _____
*Does your child use pacifier or suck thumb? _____ *When? _____
*Does your child have a fussy time? _____ *When? _____
*How do you handle this time? _____

HEALTH

Any known complications at birth? _____
Serious illnesses and/or hospitalizations: _____
Special physical conditions, disabilities: _____
Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____
Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____
*If infant is on a special formula, describe its preparation in detail _____
Favorite foods: _____
Foods refused: _____
*Is your child fed held in lap? _____ High chair? _____
*Does your child eat with Spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

*Are disposable or cloth diapers used? _____
*Is there a frequent occurrence of diaper rash? _____
*Do you use: baby oil _____ powder _____ lotion _____ Other _____
*Are bowel movements regular? _____ how many per day? _____
*Is there a problem with diarrhea? _____ Constipation? _____
*Has toilet training been attempted? _____
*Please describe any particular procedure to be used for your child at the program _____
What is used at home? Potty-chair? _____ Special child seat? _____ Regular seat? _____
How does your child indicate bathroom needs (include special words): _____

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Is your child ever reluctant to use the bathroom? _____ Does the child have accidents? _____

SLEEPING HABITS

*Does your child sleep in a crib? _____ Bed? _____

Does your child become tired or nap during the day (include when and how long)? _____

Please Note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your physician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your educator. Your educator will place your infant on his/her back unless there is a written physician's order that specifies otherwise.

When does your child go to bed at night? _____ and get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on walking etc.) _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____

Previous experience with other children/child care: _____

Reaction to strangers: _____

Able to play alone: _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child: _____

What is the method of behavior management/discipline at home: _____

What would you like your child to gain from this child care experience? _____

DAILY SCHEDULE: Please describe your child's schedule on a typical day.

*For Infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc. _____

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Is there anything else we should know about your child? _____

Parent/Guardian Signature _____

Date _____

Director/Designee's Signature _____

Date _____

Parent Information

Parent/Guardian Name _____

Relationship to Child _____

Home Address _____

Reachable Phone Number _____

Email Address _____

Business Name _____

Business Address _____

Business Phone Number _____

Hours at Work _____

Parent/Guardian Name _____

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~~Relationship to Child _____~~

Home Address _____

Reachable Phone Number _____

Email Address _____

Business Name _____

Business Address _____

Business Phone Number _____

Hours at Work _____

Additional Information

Child's Physician _____

Address _____ Phone Number _____

Allergies/Special Diets _____

Does your child have an Individual Health Plan for a chronic health condition? If yes, please attach _____

Do you have any custody agreements, court orders and restraining orders pertaining to child? If yes, please attach _____

Does your child have any Special Limitations or Concerns we should be aware of? _____

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____

***SCHOOL AGE ONLY**

Current School _____

School Address _____ School Phone Number _____

I certify that documentation of physical examinations and immunization in accordance with the public school health requirements and lead poisoning screening in accordance to public health requirements are at file at my child's school. **Parent/Guardian Initials:** _____

THE PLAYHOUSE PRESCHOOL INC.

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize personnel at The Playhouse Preschool Inc. who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

I hereby authorize The Playhouse Preschool Inc. staff to call a physician, secure necessary medical care, including the administering of anesthesia if surgery is advised by a physician, and to otherwise act on my behalf when I cannot be reached and/or when the delay would be dangerous in order to protect my child, _____ in the event of an accident or illness.

I am aware that the center will contact one of my designated authorized emergency contacts if I cannot be reached. Upon the arrival of a designated individual, that individual will act on my behalf, relieving center staff of these responsibilities and decisions.

In an emergency, my child will be transported to the nearest hospital for treatment if a hospital is necessary. Ambulance transportation and charges associated with securing and providing care are the parent/guardian's responsibility.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Health Insurance Information (optional)

Health Insurance Coverage: _____

Policy number: _____

Secondary Insurance (if applicable)

Health Insurance Coverage: _____

Policy number: _____

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

EMERGENCY CONTACTS (In order to be contacted)

We authorize the individuals named below to take our children from The Playhouse Preschool upon proof of identification. I understand that I cannot add by phone call; any additions or changes to the list below must be done in advance by written instruction. Please list individuals other than parent/guardian.

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for your child to be released to this person? Yes ___ No ___

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for your child to be released to this person? Yes ___ No ___

Name _____

Address _____

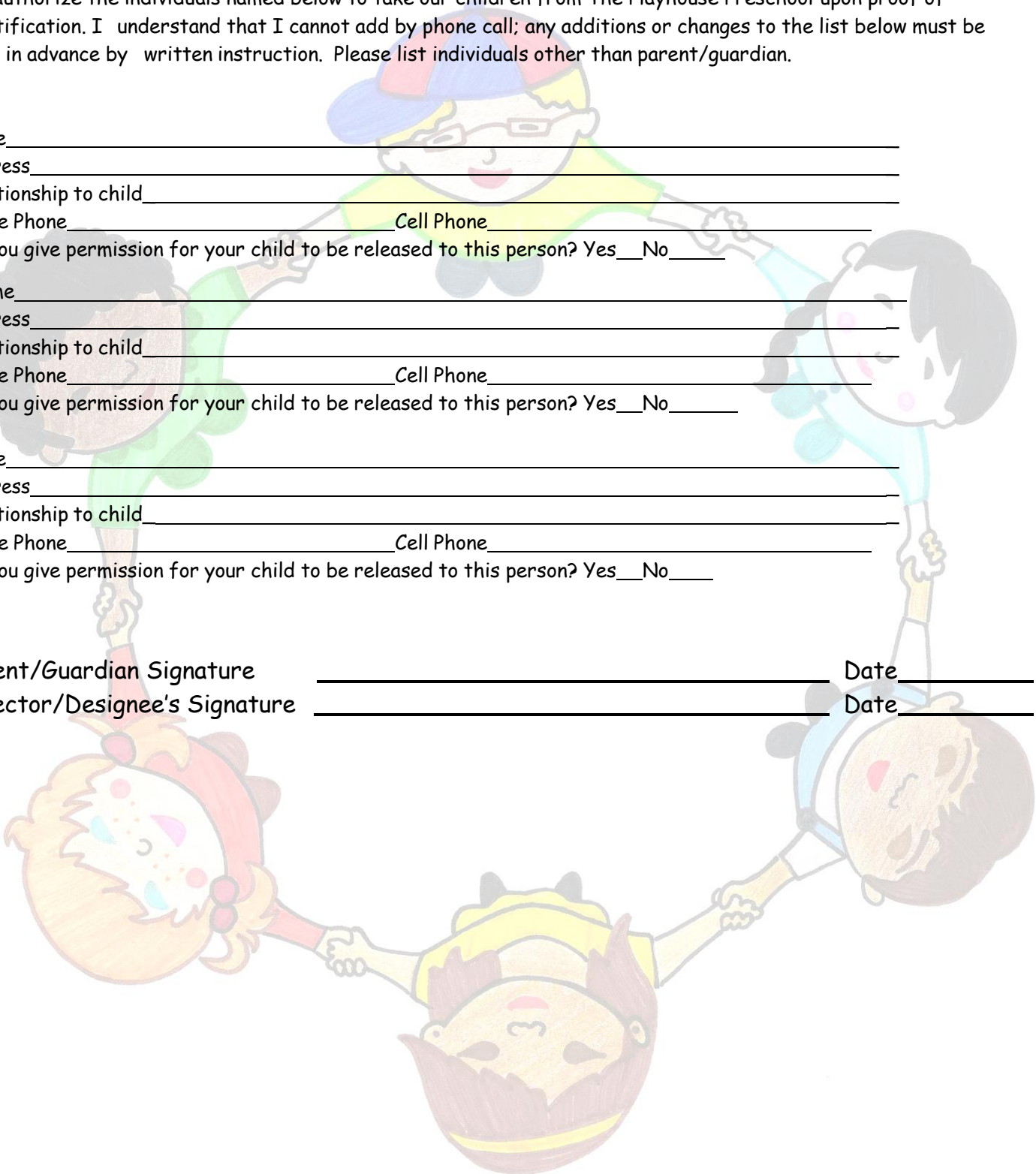
Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for your child to be released to this person? Yes ___ No ___

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____



MEDICAL HISTORY AND IMMUNIZATION FORM

Dear Physician: _____ is enrolled in our childcare program
which is licensed by the Office of Child Care Services. The Office of Child Care Services regulations
require that the Medical History and Immunization Form be completed and signed by the child's
physician or source of health care. A prompt response is appreciated.

Evidence of a physical exam is valid for one year from the date the child was examined and must be
renewed annually thereafter.

(Please attach a copy of most recent Physical Exam, lead screening and immunizations)

IDENTIFICATION

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Phone number: _____

Name of Parents: _____

Address: _____

Date of Examination of Child: _____

What is your opinion concerning the child's general health and appearance: _____

Has this child been screened for lead poisoning? Yes ___ No ___

If yes, date screened: _____

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.)
which require special consideration or care by the day care provider? If so, please detail below:

Physician's Signature: _____ Date: _____

Comments: _____

Please return to: The Playhouse Preschool
65 South St. Suite 100
Hopkinton, MA 01748

Date Received:

Or Fax to: 508-533-4522

THE PLAYHOUSE PRESCHOOL INC.

Child's Name _____

Classroom Enrolling In: (circle)

Infant

Toddler

Preschool

Please indicate the days and hours your child will attend. Please remember to consider travel time to and from home and your place of business. Any changes are based on the space available in the classroom.

Days Enrolled

Monday

Tuesday

Wednesday

Thursday

Friday

Arrival Time

Departure Time

*Annual Registration Fee (non-refundable): \$50 per family, Please note that this fee is due with your completed paperwork upon submission. (The annual re-registration fee is due in March. You will be notified of when it is due)

Total Days Attending per Week _____

Weekly Tuition Charge _____

Payment Schedule Plan _____

Monthly Tuition Charge _____

Total Initial Payment (Registration Fee + First Tuition Payment) _____

Completed By (Staff Initials and Date) _____

I agree to pay my child's tuition one month in advance. I agree to pay the above tuition fee to the center on time, in advance of services provided. Failure to do so will result in a \$30.00 per month late charge. The school year is based on a predetermined budget and a deduction will not be made for absenteeism, center closures, vacation days, snow days, or emergency weather cancellations or delays. I further understand that if my child attends an extra day that is not listed above, I will be responsible for payment based upon the current daily fee listed on the rate schedule. I have received a list of center closures and tuition fees. I understand that a non-refundable deposit (registration fee plus one month's tuition) will reserve a space for my child.

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

POLICIES AND PROCEDURES

1. Our center is open from 7:30 AM until 5:30 PM. Parents, guardians, or the authorized designee should arrive 10 to 15 minutes prior to closure to allow for an orderly pick-up BEFORE the center's scheduled closing time. There may be earlier closing times in response to emergency situations. A late fee charge will apply for the time the child is in attendance beyond the closing time. **Credit is not given for absences or closures due to weather or other emergencies, snow days, holidays, vacations, or illness.** Tuition will be charged for these days, unless prior arrangements have been made for an alternative Tuition Contract. **WE NO LONGER OFFER MAKE-UPS.**
2. The center's closures are indicated on the closure list in the family handbook. In the event of an emergency or snow day, or a delayed opening, an outgoing message will be left on the center's voice mail system one half hour before the normal scheduled opening. If the center needs to close early, parents will be notified by phone or email. The parent or authorized designee will be expected to pick up the child within a reasonable period of time. Regular tuition will be charged for these days and make-up days will not be allowed.
3. I agree to pay a recurring registration fee at the time of re-enrollment for each school year (August to August). The registration fee is non-refundable. Mid-year enrollment registrations apply to the current school year. A new registration fee will be charged for upcoming school years. Families enrolling between June and August will not be required to pay another fee for September of that same year.
4. I agree that my child will attend on the days and times enrolled unless I obtain permission from the director or designee to change my child's schedule. If I do have my child attend an extra day, I will be charged the current daily rate. I will be charged for any time over my contractual tuition and agree to pay additional charges according to the late fee policy.
5. If tuition is not paid on time, (by the 7 Calendar day grace period) my account is subject to a \$30.00 late fee for that month. If tuition becomes delinquent for more than two weeks, your account is subject to suspension and your child will not be allowed to attend school. In the event of suspension, the child's space will be held for one week. If the tuition and late fee is not paid, child care will be terminated. **TUITION IS DUE ONE MONTH IN ADVANCE 10 OR 12 MONTHS OF THE YEAR UNLESS THE CHILD IS WITHDRAWN.** Failure to follow the tuition policy will result in termination of care. Exceptions may be made due to extenuating circumstances with the permission of the Director. If your child is being withdrawn from the center tuition payment is expected the last day your child is in attendance if any balance is due on your account. Balances remaining after the child's last day are subject to immediate collection activity at the expense of the parent/guardian.
6. There is a \$35.00 charge for checks returned for any reason. If more than one check is returned within the school year, future payments will be required to be made by cash or money order. Returned checks will not be re-deposited. A replacement payment is due upon notification.

Parent/Guardian Signature _____ Date _____
Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

7. If a family has a child care voucher and misses payments, the account is subject to immediate notification to the voucher agency. The family is responsible for full payment of tuition at the regular private tuition rate for any time of attendance (plus 2-week notice, if applicable) not paid by the voucher. It is the parent/guardian's responsibility to renew vouchers prior to their end date. The center is not responsible for notifying parents of an impending voucher end date.

8. Children should wear "play" clothes to school so they can participate in all of the activities offered. Each child must have a change of clothing at the center at all times for emergency use. Clothing should be replaced as needed so it is size and weather appropriate. All clothing should be labeled.

9. Except for soft, quiet, "Comfort" toys for rest time, toys should not be brought from home unless needed for a classroom activity. All items worn or brought to school should be clearly labeled. The center is not responsible for lost or broken items brought from home.

10. Each child in attendance will have a rest or quiet time, the length of which is determined by classroom. This will not be shortened for individual children. Our regulations do not allow us to wake a sleeping child unless for emergency evacuation purposes.

11. Each child needs a nutritious lunch and two nutritious snacks, plus drinks, every day. Please send in foods ready to eat (peeled, cut, etc.) and ready to be placed directly into the microwave, if applicable. Children arriving prior to 8:30 am may bring breakfast, as well. **(We are a peanut/tree nut free school)**

12. Parents/guardians are required to walk children into and out of the building (please hold hands in the parking lot) and ensure that they are signed in and out daily. Please bring your child into the proper classroom and into the care of a teacher before leaving. The center is not responsible for children left in an empty classroom or allowed to circulate throughout the center at drop-off or pick-up time. If you need to walk through the center at drop off or pick up, please be sure that your child is in the proper classroom with the teacher aware that he/she is there, or is with you.

13. Except in inclement weather, children will play outside for a minimum of 60 minutes per day. Please provide weather appropriate clothing.

14. If your child cannot participate in the entire day (outside activities, etc.) he/she should remain at home for the day.

15. Though we ask for your cooperation in not disrupting the program, families are welcome to visit all parts of the center while their child is present. You will get a more accurate observation if your child does not know you are here. Other visitors, even those on authorized lists, must be accompanied by parents in order to visit during the day.

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

16. No child will be released to anyone other than the parent or legal guardian assigned on the registration forms and those individuals designated on the child release form. We require identification for any individual not known by center staff. Parents/guardians may make changes or additions to this list by giving a signed, dated note to the director or designee.

17. When a parent has legal custody and the other parent is not allowed access to the child, a copy of the legal document must be on file at the center. It is the parent's responsibility to provide a copy to the local police department as well. If a non-authorized parent/guardian attempts to visit or pick up the child, we will notify the police department and the custodial parent immediately.

18. Parents must cooperate with the center in carrying out all governmental laws, rules, regulations, and policies set forth by the Massachusetts Department of Early Education and Care, our licensing agency. We receive periodic updates from DEEC and we are relicensed every two years. Our policies may change from time to time based on DEEC requirements, as well as our own interpretation of best operating practice.

19. I have received and reviewed the Parental Rights/Information from DEEC distributed with the family handbook.

20. If a child is transported to the public school for services or for daily attendance, parents/guardians are responsible for providing transportation or assume responsibility for releasing their child to the public school transportation services. The Playhouse Preschool center's responsibility of care ends when the child enters the public school vehicle or exits the building with the parent(s) or authorized pick up person and begins when the parent releases the child into the care of center staff.

21. We give permission for accreditation personnel to review my child's file. I also give permission for The Playhouse Preschool staff to access my child's file as needed. I am aware that the center is legally bound to grant access of my child's file to agencies including but not limited to the Department of Early Education and Care (DEEC) and the Department of Children and Families (DCF). **(All Parent's/Guardian's' must Initial)**

Parent/Guardian Initials: _____

Parent/Guardian Initials: _____

22. Children's classroom activities as well as special events may be videotaped for training purposes or for use by families. Videos will be viewed only at the center and will not be released. Without revealing names and addresses, we allow the center to videotape classrooms for the training of early childhood staff in or outside the center.

23. I realize that pictures sent home to families or displayed in the center may contain my child's picture. I will notify the director or designee if I rescind this consent.

24. I realize that center staff, are bound by professional and regulatory standards of confidentiality. If a family decides to fraternize with staff, they must be aware that staff, are not permitted to discuss or disclose personal information about children, families, or staff of this center.

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

HEALTH CARE POLICY

One of the most important concepts that we teach our children is sharing and, unfortunately germs are one of the things that they share! Part of our responsibility in providing a safe environment for our children is implementing a plan for infection control. We take many measures to minimize the spread of illness and one of these is the occasional exclusion of children who have communicable illnesses. We balance this with the realization that Families need to work.

Because we are concerned with the health and well-being of all our children and staff, a child will be sent home if he/she has a combination of the following symptoms*:

- Lethargy or irritability
- Chronic, persistent coughs
- Diarrhea
- Rash
- Pain or discomfort
- Abnormal breathing
- under arm temperature of 100 or higher**
- green or yellow mucous
- vomiting
- lack of appetite
- flushed or pale appearance
- irritated, red-rimmed eyes

*A child may be admitted if your pediatrician provides written documentation that the symptoms that your child exhibits are caused by a non-contagious condition.

**Fever: Because fever is such a vague symptom, a child will not be excluded for fever alone UNLESS the under arm temperature is 102 or higher OR the fever has persisted for three days. In these circumstances a child must be fever free without medication OR we must receive written documentation from your pediatrician stating that the fever is not due to a contagious condition. If your child is an infant, we will contact you if the under arm temperature is 99 or higher.

In the event that we need to call you mid-day to pick up your child from the center, please arrive within one hour or send an authorized person (listed on your emergency contact form) to pick up your child. If your child needs to visit the doctor due to illness, or is picked up to go home due to illness, he/she may not return that same day. Children sent home with a fever may return once they have been fever-free for 24 hours without medication. Children absent from the center with a contagious disease will not be allowed to return to school without a note from a physician stating that the child is not contagious.

If you believe that your child is too ill to participate in all of the day's activities, including outside play, your child should not attend for the day. In order to maintain proper ratios, we are not able to keep a child inside unless we are waiting for the child to be picked up to go home. We understand that frequent absence puts a stress on your work situation, but we need to insist on your cooperation to keep our children illness-free to the extent that is reasonable. Please keep your child home if he/she is ill.

Parent/Guardian Signature _____ Date _____
Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

MEDICATION

We cannot administer any medication without the proper authorization from parent or guardian and physicians. We need a physician's permission, as well as the appropriate "Authorization for Medication" form (provided by The Playhouse Preschool) signed by the parent in order to administer any medication. Center policy requires that all medications (other than emergency meds) be given by staff trained in the proper administration of medication.

For prescription medication, the medication must be in the ORIGINAL prescription bottle/container. Medication cannot be mixed with food or drinks unless the physician provides these instructions in writing. In this case, center staff must mix the meds with the food or drink just before giving it to the child.

Non-Prescription Medication: A written note of permission from your pediatrician must indicate the following: Child's name, Current date (standing orders are valid for one year), Exact Medication Name, Dosage Information, Time and Reason to administer medication. We are not permitted to share medication and the center is not permitted to provide medication. Medication should be given directly to staff, not placed in their backpack, lunch box, etc. If we have a standing order for medication, we will always attempt to contact you before administering medication.

Medication can only be given per a physician's instructions. For OTC medication, we must follow the instructions on the label. We cannot administer medication contrary to these instructions unless we have a doctor's written instructions to do so.

If a child has been hospitalized, absent due to illness for three consecutive days, has been treated for a serious injury, or has had any type of surgery, a physician's note must be provided to the center allowing the child to return to childcare. The note must state that the child can participate in a typical childcare day, and/or state any restrictions that should be in place.

In accordance with our regulations, infants will be placed in the "back to sleep" position when it is time for naps. There will be no exceptions to this policy unless we are instructed otherwise in writing by your child's pediatrician.

Following the proper guidelines for infection control and sanitation, children will be given the opportunity to brush their teeth after lunch time, in accordance with the preferences of their parents.

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

DENTAL HEALTH

Our licensing agency requires that children in attendance for four or more consecutive hours brush their teeth while at school. If you prefer that your child NOT brush his/her teeth while at the center, we need you to indicate so in writing. Otherwise, we will have your child brush his/her teeth while in attendance. Please provide a toothbrush for your child. For infants, "tooth brushing" consists of wiping the child's gums after each feeding.

I understand that the tooth brushing program is intended to **supplement** my child's dental care, not substitute for home and/or professional dental care. I am responsible for maintaining my child's oral health. Whether or not my child participates in the center's program, The Playhouse Preschool Inc. is not responsible for any dental problems that my child may develop.

Parent/Guardian Signature _____ Date _____
Director/Designee's Signature _____ Date _____

FACEBOOK PERMISSION

I, the undersigned parent or guardian, gives permission for my child's picture to be included on the center's Facebook page. I understand that this permission will be valid until my child's withdrawal from the center unless I rescind it in writing to the director prior to that date.

I realize that once posted, pictures of my child will remain on the center's Facebook page indefinitely (including after my child's withdrawal from the center). I am aware that my child's pictures will be removed if I make the request in writing to the director.

Parent/Guardian Signature _____ Date _____
Director/Designee's Signature _____ Date _____

Tumble Bus

I, the undersigned parent or guardian, gives permission for my child _____ to participate in the Tumble Bus activities. I release The Playhouse Preschool, Inc. and all staff of all responsibility and all claims for injuries while participating in gymnastics and its related activities. I understand that this permission will be valid until my child's withdrawal from the center unless I rescind it in writing to the director prior to that date.

Tumble bus payments of \$10, or \$15 for two children will be added to your monthly tuition bill.

Parent/Guardian Signature _____ Date _____
Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

PHOTOGRAPHS/VIDEOTAPING PERMISSION

I have no objections to my child, _____'s being videotaped occasionally. These tapes may be viewed by early childhood education staff or families within the center only. These tapes would remain the property of the center. I have no objections to photographs being taken of my child and displayed in the center. I understand that other families may receive photographs that contain my child in the picture.

Parent/Guardian Signature _____ Date _____
Director/Designee's Signature _____ Date _____

SHARED SNACK PERMISSION

Please indicate any allergies or food intolerances, or indicate "none" _____

I give permission for my child, _____ to eat snacks brought in to be shared by classmates for special occasions such as birthdays, etc. By signing this section, you give permission for your child to be served foods provided by center families or staff members.

Please check with your child's teacher to let her know when and what you're sending in.

OR

____NO, please do not serve any food to my child that was not provided from home.

Parent/Guardian Signature _____ Date _____
Director/Designee's Signature _____ Date _____

INJURY REPORTS

We write injury reports for all injuries that occur while your child is in attendance. We also notify parents by phone prior to the end of the day for any head or facial injuries, or injuries that seem more serious than "typical." All injury reports will require a parent signature at time of pick-up, and a copy of the report will be provided to you.

Parent/Guardian Signature _____ Date _____
Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

SUNSCREEN

I give permission for center staff to apply sun screen to my child and understand the following:

1. Sun screen should be applied in the morning, before my child arrives at school. During the summer program, sun screen should be applied to his/her whole body, since bathing suits will be worn on the playground.
2. Each child needs his/her own bottle of sun screen, unless both children are in the same classroom. If they do not have any at the center, we have extra to share.
3. I will provide written permission from our pediatrician if my child is less than 6 months of age, or if the sunscreen contains insect repellent.

*(permission can be faxed to the center at 508-533-4522)

4. Staff will notify me a few days ahead of time when sun screen is "running low". I agree to supply a new bottle upon request.

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____

INSECT REPELLENT

I give permission for center staff to apply insect repellent to my child and understand the following:

1. **A physician's permission is required in order for insect repellent to be applied to any child.**
(permission can be faxed to the center at 508-533-4522)
2. Insect repellent should be applied in the morning, before my child arrives at school. During the summer program, insect repellent should be applied to his/her whole body, since bathing suits will be worn on the playground.
3. Each child needs his/her own bottle of insect repellent, unless both children are in the same classroom. *
4. Staff will notify me a few days ahead of time when insect repellent is "running low". I agree to supply a new bottle upon request.

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____

THE PLAYHOUSE PRESCHOOL INC.

LATE PICK UP POLICY

Center Hours of Operation

7:30 AM - 5:30 PM*

* Late pick up fees apply after **CLOSING**. The closing time may differ on days of severe weather or other emergencies that mandate an earlier closing.

All late pick-up fees are due upon arrival. These fees are given directly to staff that stay beyond their scheduled departure times. Any fees not paid upon arrival will be added to the tuition account. All times are based on the staff time clock in the office. Late pick-ups are cumulative. This policy is in effect for the entire time the child is enrolled in the center, from the child's entrance until the child's permanent withdrawal from the center. If you have 2 or more children in attendance and pick up late, the fee is based per child not per family. We ask that you plan your departure from work to allow time for unforeseen traffic or other delays, and that you arrange for an alternate authorized person to pick up your child if delays are severe. The person who picks up your child will be asked to sign an acknowledgement of his/her arrival time, and late charges will be determined according to that time.

Late Pick up Fees:

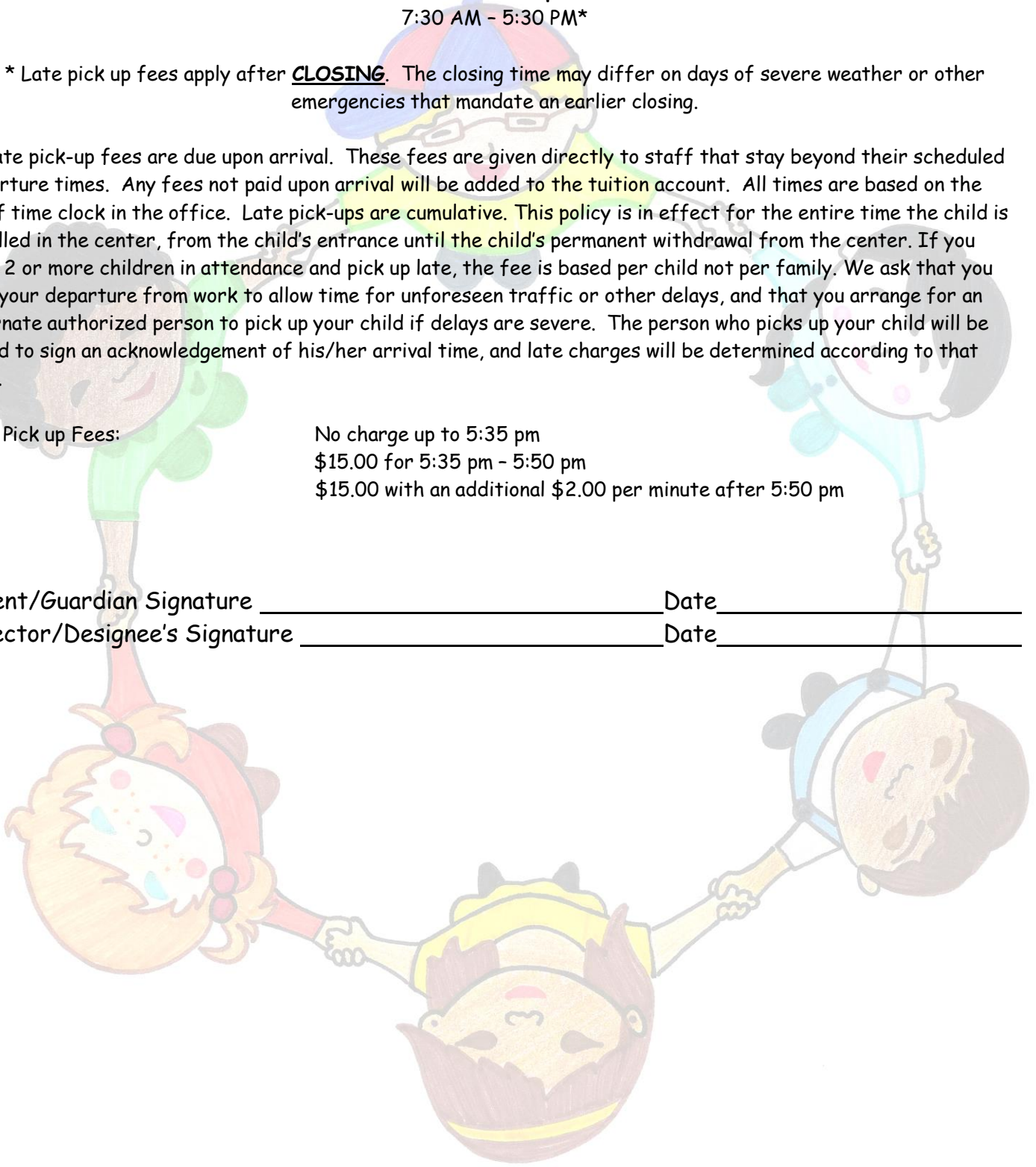
No charge up to 5:35 pm

\$15.00 for 5:35 pm - 5:50 pm

\$15.00 with an additional \$2.00 per minute after 5:50 pm

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____



THE PLAYHOUSE PRESCHOOL INC.

WITHDRAWAL POLICY

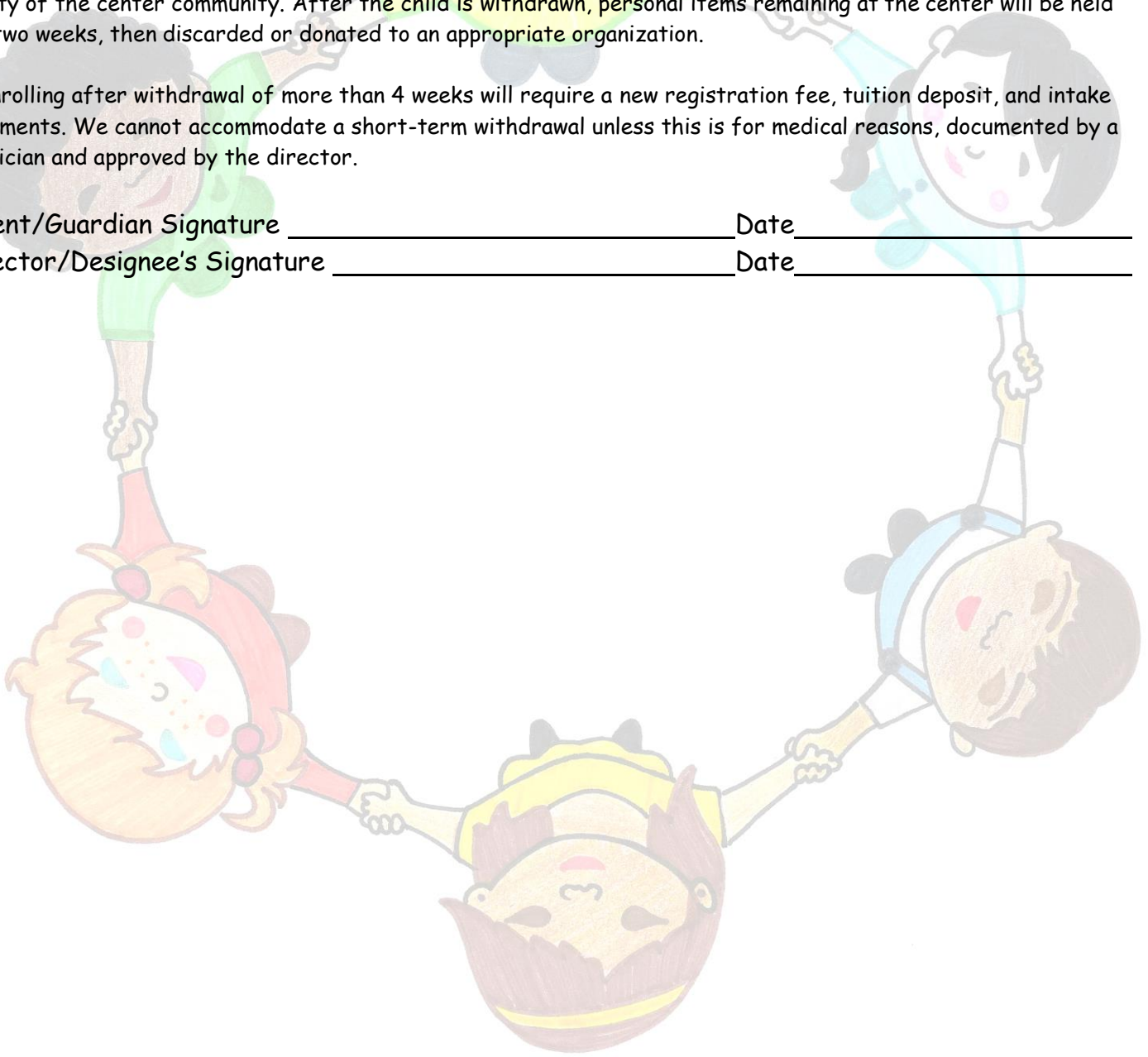
In case of withdrawal of my child from the center I agree to give the center a month's notice prior to withdrawal. I also agree to pay the tuition for the month, whether or not my child attends the center. In the event of illness while in attendance, medical expenses are the responsibility of the parent/guardian.

I agree to carry out the parent/guardian responsibilities under the policies and procedures agreement between the parents and The Playhouse Preschool, Inc. as the same may be changed from time to time by the center. If the director determines that my child cannot adjust to the center's program, the child will be withdrawn after a 30-day trial period, and this agreement will be terminated and payment will be due immediately for those days attended. I understand that in extenuating circumstances, an immediate termination may be necessary in order to maintain the safety of the center community. After the child is withdrawn, personal items remaining at the center will be held for two weeks, then discarded or donated to an appropriate organization.

Reenrolling after withdrawal of more than 4 weeks will require a new registration fee, tuition deposit, and intake documents. We cannot accommodate a short-term withdrawal unless this is for medical reasons, documented by a physician and approved by the director.

Parent/Guardian Signature _____ Date _____

Director/Designee's Signature _____ Date _____



THE PLAYHOUSE PRESCHOOL INC.

REGISTRATION YEAR: 2014-2015

Classroom Enrolling In: (circle)

Infant

Toddler

Preschool

CHILD'S NAME: _____ DOB _____

CHILD'S NAME: _____ DOB _____

STREET: _____

TOWN: _____

HOME PHONE # _____

Parent/Guardian Information (if address is different from above, please list on back)

Name: _____ Nickname _____

Social Security # _____

Occupation: _____

Work Name (company) _____

Work Number _____

Cell Number _____

Email Address _____

Parent/Guardian Information (if address is different from above, please list on back)

Name: _____ Nickname _____

Social Security # _____

Occupation: _____

Work Name (company) _____

Work Number _____

Cell Number _____

Email Address _____

Days Enrolled

Monday

Tuesday

Wednesday

Thursday

Friday

Arrival Time

Departure Time

Registration Fee: \$50 per family

Program Deposit: Equal to your child's first tuition payment

Check Number: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____