



## ENROLLMENT APPLICATION

### CHILD INFORMATION:

Child's Name: \_\_\_\_\_ M  F  DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Classroom: Infant Toddler Preschool Afterschool Pre-K First day of attendance will be: \_\_\_\_\_

Days & Times child will attend: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

My child will require transportation to/from school: ( ) yes ( ) no School: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

### Work Information:

Place of Employment/School: \_\_\_\_\_

Address: \_\_\_\_\_

City/Sate/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Place of Employment/School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### MEDICAL INFORMATION:

Child's Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give permission for emergency medical transportation ( ) yes ( ) no, Signature required: \_\_\_\_\_

I give permission for emergency medical treatment ( ) yes ( ) no, Signature required: \_\_\_\_\_

### **\*List any allergies or other medical conditions:**

\_\_\_\_\_  
\_\_\_\_\_

### **The following persons are authorized as emergency contacts/persons who are authorized to pick up my child:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **OFFICIAL USE ONLY:**

Date of Enrollment: \_\_\_\_\_ Immunizations: \_\_\_ IEA Date: \_\_\_\_\_ Date of Disenrollment: \_\_\_\_\_

Input/verified by: \_\_\_\_\_ Tuition Type: ECECD SP \_\_\_\_\_



## TUITION AGREEMENT

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

\_\_\_\_\_  
Parent Name/Legal Guardian

\_\_\_\_\_  
SS #

\_\_\_\_\_  
Phone #

**\*Tuition Fees for self-pay clients: are subject to change yearly**

### **INFANTS UNDER AGE 2**

Weekly Full Time \$225.00

Part Time Weekly 24 Hours or Less a Week \$180.00

Daily \$65.00

### **CHILDREN AGE 2 AND UP**

Weekly Full Time \$175.00

Part Time Weekly 24 Hours or Less a Week \$120.00

Daily \$50.00

**\*\*Gross receipts tax of 8.0625% will be added to all rates above\*\***

I agree to pay the amount of \$\_\_\_\_\_ per week.

\_\_\_\_\_ Once a month (due on the 1<sup>st</sup> of the month)  
**(Initial)**

\_\_\_\_\_ Twice per month (due on the 1<sup>st</sup> and 15<sup>th</sup> of the month)  
**(Initial)**

\_\_\_\_\_ Once a week (due every Monday/Friday the week of service)  
**(Initial)**

\_\_\_\_\_ Co-payments are due on 1<sup>st</sup> for families receiving subsidized childcare from the state.

**(Initial)** *\*ECECD clients will be responsible for tuition as above for any amount of time their child is at the center without a current contract and are subject to late pick up fees for hours your child is at the center which are not on your account.*

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_



**AFTERCARE AGREEMENT  
(3:00pm - 6:00pm)**

**CHILDREN AGE 2 AND UP**

Part Time Weekly 16 Hours or More a Week \$90.00  
Part Time Weekly 15 Hours or Less per Week \$55.00

**\*\*Gross receipts tax of 8.0625% will be added to all rates above\*\***

I agree to pay the amount of \$\_\_\_\_\_ per week.

\_\_\_\_\_ Once a week (due every Monday/Friday the week of service)  
(Initial)

**HOLIDAYS/VACATION DAYS AGREEMENT**

**CHILDREN AGE 2 AND UP**

Weekly Full Time \$175.00  
Part Time Weekly 24 Hours or Less a Week \$120.00  
Daily \$50.00

**\*\*Gross receipts tax of 8.0625% will be added to all rates above\*\***

I agree to pay the amount of \$\_\_\_\_\_ per week.

\_\_\_\_\_ Once a week (due every Monday/Friday the week of service)  
(Initial)

\_\_\_\_\_ Co-payments are due on 1<sup>st</sup> for families receiving subsidized childcare from the state.  
(Initial) *\*ECECD clients will be responsible for tuition as above for any amount of time their child is at the center without a current contract and are subject to late pick up fees for hours your child is at the center which are not on your account.*

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_



**We have a "no pay/no play" policy. Payments and co-payments will be made on the first day of care for that week.**

If payment has not been made, your child will not be accepted until payment has been received. Payment obligation is based on the hours enrolled, not on the actual hours of attendance. Both full and part-time fees will be charged based on contracted hours, including missed days due to illness, holidays, teacher's in-service training and vacation days. This also applies to early and late drop-offs. Late drop off does not constitute late pick up.

If disenrollment occurs for non-payment, clients have 30 days to pay the balance due before accounts are turned over to collections.

**Expiring Contracts**

If your contract is due to expire, you will be notified by the Director at the beginning of the expiration month. If your contract is not renewed by the Expiration date your child(ren) will be disenrolled from the center.

My signature indicates that I agree and understand the items listed above.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Parent Permission**

\*Please sign to acknowledge you understand

### **FIELD TRIPS**

Children's Playhouse has my permission to take my child, \_\_\_\_\_, on field trips away from the childcare facility by vehicle or on foot. I understand that the purpose of the trips field trip could be trips to the park, bowling, movies, school functions or an emergency. I understand that car seats will be used. I understand that I will be advised prior to any departure in a vehicle from the childcare facility.

I have read and understand the above information:

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PERMISSION TO PHOTOGRAPH CHILD**

I GIVE / DO NOT GIVE permission for my child, \_\_\_\_\_ to be photographed by the center with the understanding these pictures will only be used for the purpose of assessment, family involvement events and classroom projects ONLY.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SOCIAL MEDIA/WEBSITE**

Children's Playhouse has a Facebook page and website to belong to the Early Childhood Education community around the world, stay in touch with families and marketing. Our Facebook is a great way to see what we are doing daily as well as weekly and the website is a way to streamline resources for families and we like to use our pictures from here in our school.

\_\_\_\_\_ Yes I am ok with my child's picture and work being posted on social media

\_\_\_\_\_ No I am not ok with my child's picture and work being posted on social media and the internet

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **OBSERVATIONAL STUDENTS**

From time to time we have college students come into our center and ask to observe in an early childhood educational setting to fulfill a college requirement. These students will either need to observe the day, the teacher, and the center or have a specific requirement to observe. While in the center these students are required to show ID, check in with the Director and sign in the visitor's log. They will never use your child's name in their work and will remain professional at all times. I acknowledge that there will be college students in my child's classroom from time to time.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Parent Permission**

\*Please sign to acknowledge you understand

### **MEDICATION POLICY**

The center's staff will not administer medication to your child. If the child requires medication in the event of an emergency, the center Director will administer the medication. Emergency medications include Epi pen, inhaler, and other emergency medications that are administered orally only. A medication form must be filled out and the medication must be in the original container prescribed by a licensed physician. No over-the-counter medication will be administered by center staff. All medications will be kept in a lock box in the office and will be administered by the office staff.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SUNSCREEN AND BUGSPRAY**

During the summer months we encourage the use of sunscreen to protect from the harmful rays the sun gives off and bug spray for those months where the mosquitos are heavy in town. We are able to apply sunscreen and bug spray that you provide for your child along with your permission.

Yes / No I would like sunscreen I provide applied to my child daily

Yes / No I would like bug spray applied to my child before going outside

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **LICE POLICY**

If any of the children that attend or your child has been identified as having lice we will contact the parents immediately and the child will need to go home. The classroom will be disinfected and all clothing washed. We do our best to keep our center clean and free of lice so we ask that if your child should happen to get lice, please keep them home until there is no evidence of any eggs or lice left. Once your child is lice and egg free they may return to school.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Parent Permission**

\*Please sign to acknowledge you understand

### **Closed Toed Shoes Policy**

We would like to remind you of our policy on closed toed shoes in our facility. We are asking for your help to make sure your children are coming to daycare with **closed toes shoes and not sandals**. This is to ensure the safety of your children. With sandals, children are liable to get hurt and we are trying to take every precaution to avoid harm to your children. Thank you for your cooperation.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Health Acknowledgement**

Here at the Children's Playhouse we strive to maintain a healthy environment for all our children and their families. To help ensure that we are doing our part to promote a healthy lifestyle we encourage our families to stay up to date with their child's basic checkups such as:

### Immunization

Infants & Toddlers at 2, 4, 6, 9, 12 & 18 months

Preschool at 4-6 years old

### Dental

First visit at 12 months or within 6 months of the first tooth appearing

### Vision

First exam should be at 6 months and then again at 3 years old before entering Kindergarten

### Hearing

Newborn screening and then again before Kindergarten or anytime you have concerns

If you could please indicate when the last time these checkups have been completed and sign we would greatly appreciate it. Thank you.

Immunization record is up to date: YES / NO

Date of last immunizations: \_\_\_\_\_

Date of last Annual Well Child Check: \_\_\_\_\_

Date of last dental exam: \_\_\_\_\_

Date of last vision exam: \_\_\_\_\_

Date of last hearing exam: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ASQ and ASQ-SE

Welcome to Children's Playhouse we are excited you have decided to join our school. To ensure that we provide the best education for your child we use an assessment tool called the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire – Social Emotional (ASQ-SE) to guide us in our planning and setting goals. It is a developmental assessment and lets us see where your child is developmentally as well as social emotionally and where we need to set goals so that developmental/social milestones can be achieved.

These two assessments are done within the first 30 days that your child starts here at the center, the ASQ is completed in class by the teacher and the ASQ-SE is sent home to be completed by you as well as the teacher. The assessments are then scored and shared with you once they are completed. Should there be any areas of concern the teacher and the Director will meet with you to discuss those concerns so that everyone is on the same page and any further recommendations can be made if necessary. If you have any questions please feel free to ask them.

\_\_\_\_\_ Yes, I allow my child to be assessed using the ASQ and ASQ-SE

\_\_\_\_\_ No, I would not like my kid to be assessed using the ASQ and ASQ-SE

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date



## **IFSP and IEP Information**

Here at Children's Playhouse we believe that a big part of quality early education includes a healthy relationship between families and teachers. To ensure that we provide the best educational experience and create a strong foundation for a love of learning we encourage our families to share any and all areas of their child's development. If your child has an IEP (Individualized Education Plan) or an IFSP (individualized Family Service Plan) we highly encourage that families share this information with us so that we can continue to work on the goals set out in these plans. Knowing the goals helps the teachers here create their own goals to work on while here and make any modifications to lesson activities so that we set up your child for success in accomplishing these developmental goals.

The information, should you chose to share, will remain in your child's personal file which remains locked at all times. No copies will be made and none of the information will be shared outside of those who work with your child, yourself and the Director.

If you would like to share your child's developmental information with us please sign below, if you choose not to share or this form doesn't apply to your family please disregard

\_\_\_\_\_ Yes, I choose to share my child's information

\_\_\_\_\_ No, I choose not to share my child's information at this time

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Signature

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Date



I understand that Children's Playhouse will be closed on the holidays listed in the Parent Handbook as well as the yearly calendar. Any additional closings will be told to me ahead of time.

I have received and read the current Family Handbook with Guidance Policy and agree to comply with all rules and responsibilities stated therein.

Received my copy:

\_\_\_\_\_ Electronic Copy

\_\_\_\_\_ Paper Copy

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Parent/Guardian Signature

Date

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Parent/ Guardian Signature

Date

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Director Signature

Date

\*A signed copy will be kept and maintained in my child's file.



## Afterschool Pick-Up Agreement

Childs' Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Emergency Contact	Phone Number	Relationship
1.		
2.		
3.		

Parent Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*\* Parents are required to inform Children's Playhouse before 1 pm if your child does not need to be picked up from school\*\***

\*\*\* For your child's safety and per State Regulations, if your child weighs less than 60 lbs. please provide a booster seat for your child \*\*\*

Notes:

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List of items your child needs when starting with us 😊

### Infant/Toddler Rooms:

- ✓ Diapers (if still worn)
- ✓ Baby wipes (if still used)
- ✓ One change of clothing that can stay here (shirt, pants/shorts, underwear, & socks)
- ✓ One crib sheet to fit on the nap mat (we will provide sleeping cot)
- ✓ One blanket
- ✓ 2 Bottles for infants
- ✓ Copy of shot records

### Preschool Rooms:

- ✓ At least 1 change of clothes (pants/shorts, shirt, underwear & socks)
- ✓ A jacket if weather is cooler
- ✓ Blanket
- ✓ One crib sheet to fit cot for nap (needs to be full sized crib sheet)
- ✓ Copy of shot records
- ✓ Sunscreen labeled with name (summer months)