

## Play School Enrollment: Basic Info

Child's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

### First Parent/Guardian Information:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

E-MAIL \_\_\_\_\_

### Second Parent/Guardian Information:

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

E-MAIL \_\_\_\_\_

# Emergencies & Field Trips

For emergency purposes and field trips, we have your permission to evacuate the premises.

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

## Emergency Contacts (In order of preference, including parents/guardians):

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

4) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

5) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

## Student Pick Up

Each child will be released only to the Parents/Guardians or those authorized by the Parents/Guardians to take the child from the facility and to assume responsibility for the child in an emergency if Parents cannot be reached. Persons authorized for pick-up follow:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

4) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

5) Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

# Medical Authorization Form

I, authorize \_\_\_\_\_ to seek and obtain medical care for my child in the event that my child needs medical care.

My child has the following allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to be financially responsible for the cost of any medical care provided to my child under this Authorization.

My Health Insurance Carrier is \_\_\_\_\_

My Policy or Certificate number is \_\_\_\_\_

\_\_\_\_\_

Signature of Parent (or Legal Guardian)

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date



## **Lunch**

Lunch will be a part of the program, and parents can opt to bring their own lunch or purchase one for an additional fee.

## **COVID-19 Protocols**

We will make every possible effort to clean and disinfect daily. Adults will wear masks and children are encouraged to as well, although it is not mandatory. Children and their adults agree to submit to a daily temperature check upon arrival.

For the safety of all, we recently installed the Reme Halo, which is an air purifying system that uses ions that kill viruses. <https://www.rgf.com/products/air/remehalo/>

## **Safety**

All efforts will be made to provide a safe environment in which your child can explore, learn and be involved in many different learning experiences and explorations. As we all know, children do have accidents. (That's why they're called "accidents"). Minor bumps and scrapes are inevitable, but I make every effort to keep your children safe through supervision and childproofing. Minor injuries will receive appropriate first aid, and if an emergency injury or illness occurs, you will be contacted immediately. If we are unable to contact parents, emergency contact numbers supplied by you will be called. If necessary your child will be transported by ambulance to the nearest hospital.

Parents are responsible for costs involved in emergency medical treatment, including transportation if required. Staff is CPR/First Aid certified.

# Illness & Sick Care

The health and well being of all of the children here are of utmost importance. All efforts will be made to keep the facility and toys clean and in good repair.

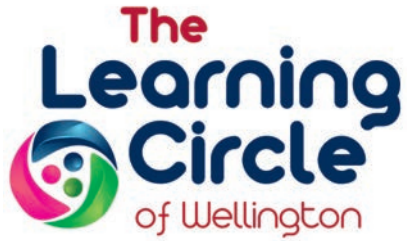
Our sick policy is as follows:

If a child is unable to participate in the normal routine of the day, he or she should not be brought to the program that day. There are also some illnesses that must exclude the child from attending. Some of those illnesses are, but not limited to:

- Diarrhea (child must be symptom free for 24 hours without the aid of medication).
- Strep throat (child must be symptom free for 24 hours without the aid of medication).
- Coxsackie (Hand, Foot & Mouth)
- Fever (100' f. or higher) (child must be fever free for 24 hours without the aid of medication).
- Vomiting or Upset Stomach

(child needs to be symptom free for 24 hours without the aid of medication).

- Chronic coughing
- Runny nose with colored discharge –check with doctor.
- Undiagnosed Skin Rash –check with doctor.
- Impetigo
- Hepatitis A
- Scarlet Fever
- Scabies
- Lice (child needs to be treated and nits removed before return).
- Ringworm
- Communicable diseases – chicken pox, measles, mumps, conjunctivitis (pink eye), influenza, etc. (The child may return when the incubation and contagious period is passed and the child is well enough to resume normal childcare activities).
- Severe pain or discomfort



## Agreement

I agree to pay The Learning Circle of Wellington \$\_\_\_\_\_ for the care of my child. I understand that payment is due on the first day of the week that my child attends.

I understand that the program runs from 8:30am. - 12:30pm.

I agree to pay a late fee of \$\_\_\_\_\_ for time past 12:30pm.

Parent Name \_\_\_\_\_

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

Parent Name \_\_\_\_\_

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