



Preschool Registration 2010-2011

Child

Legal name: _____ Preferred Name: _____
Street Address: _____ City: _____ Zip: _____
Mailing Address: _____
Home Phone: _____ Date of Birth: _____ Sex: _____
Child Lives With: _____

Mother or Guardian: *please star (*) the preferred contact number*

Name: _____ Home Phone: _____
Address (if different): _____ Business Phone: _____
Place of Employment: _____ Cell Phone: _____
Business Address: _____ City: _____ Zip: _____
Work Schedule: _____ Driver's License #: _____
Occupation: _____ Birth Date: _____ Sign in/out code: _____

Father or Guardian: *please star (*) the preferred contact number*

Name: _____ Home Phone: _____
Address (if different): _____ Business Phone: _____
Place of Employment: _____ Cell Phone: _____
Business Address: _____ City: _____ Zip: _____
Work Schedule: _____ Driver's License #: _____
Occupation: _____ Birth Date: _____ Sign in/out code: _____

Medical

Preferred Hospital: _____ Phone: _____
Child's Major Medical Coverage: _____
Medical, allergic, dietary, or handicapping conditions and your child's reaction to them: _____

Other Children in home (name and ages) _____

Pick Up: Emergency contact persons other than parents authorized to pick up child

Name: _____ Address: _____ Phone: _____ Relationship: _____

Persons unauthorized to pick up my child:

Name: _____ Relationship: _____ Is person prohibited by law from pick up? _____y/n

Program Requested (*check one*): Full Time Preschool (10 Hour Max) _____ Part Time Preschool: (8:15-1:45) _____

How did you hear about us? Drive-by Word of Mouth Internet Billboard Other: _____

If by referral, who can we thank for your business? _____

Parent's Signature: _____ Starting Date: ____/____/____

Personal Information

Child's name: _____ Date: _____

Previous school experience: _____

Dates attended: _____ Reason for leaving: _____

Past illnesses (please give approximate dates and ages):

Chicken pox: _____ Scarlet fever: _____ Measles: _____

Mumps: _____ Other: _____

Does your child have frequent stomach aches? _____ Ear infections? _____

Does your child run a fever easily? _____

History of febrile seizures, asthma, or other life-threatening conditions?

Give a statement of your evaluation of your child's health: _____

Please state any speech, hearing, or vision problems your child may have: _____

Please note any physical or behavioral problems which might require special attention: _____

Please state the results of testing for any of the above problems: _____

What method of behavior control is used in the home? _____

Describe your child's personality: _____

What influenced you to choose our school? _____

List any other information you feel the staff should know about your child: _____

Parents, if your child is new to our program, please be sure you fill out a parent assessment to assist us in the placement of your child

Parent Policy Agreement 2010-2011 Preschool

1. I agree to pay a **non-refundable application fee** and first and final week's tuition at the time of enrollment for the school year.
2. I agree to replace with cash any returned checks plus the returned check fee within 24 hours of notice. The returned check fee rate is contingent on whether you notify us of the returned check before our bank notifies us. The Center then has the option to require future payments in cash. I agree to pay collection costs necessary to collect unpaid balances. Legal maximum collection charges will apply.
3. **Advance payment of tuition is required. Weekly tuition must be paid by Friday for the following week.** Late fees will be assessed on any tuition not paid by Monday morning. **Monthly tuition must be paid by the 25th for the following month.** Late fees will be assessed on any tuition not paid by the morning of the 1st. **The child will not be accepted for care the following week until balance is cleared.**
4. I am responsible to pay for the agreed schedule whether or not my child attends, including holidays the Center closes. I understand two weeks **written** notice is required to use vacation credit. Vacation credit will be applied only in weekly increments. Portions of a week are considered a full week and daily rates will be charged for those days attended within any vacation week. The Preschool Academic Calendar Year allows two weeks vacation time, the Summer Program allows one week. Up to two additional weeks may be purchased during the fiscal year by paying half your weekly rate for each additional week. To apply vacation credit when paying monthly, deduct the weekly rate (less \$5) from the monthly charge.
5. **Your Full Time Preschooler may attend a maximum of 10 hours per day. Additional time will be considered late pickup and charged accordingly. Part Time Preschoolers picked-up late will be assessed late charges.** I agree to pay the **late fee per child of \$5.00 per 5 minute increment** or any portion thereof the child is present after scheduled pick-up time.
6. In case of withdrawal of my child from the Center, **I agree to give the Center notice on Monday that the final week's tuition is to be applied to the following week.** If notice is not given, or my child is absent for one week or more without payment, the Center may withdraw my child and I understand my "final week's" tuition fee paid at enrollment is forfeited.
7. If the Center considers it to be in the best interest of the Center, I understand the **Center may suspend or dismiss my child.**
8. I will provide the **required health forms** for my preschool child upon enrollment and will update them as required. I understand my child may not attend the Center without a valid health form and I am responsible for tuition fees during this absence.
9. I understand my child may not attend the Center when the child is suspected of being in a **contagious state.** I agree to remove my child from the Center immediately upon notification of said condition. Children not removed within one hour of notification will be charged late pick up fees. Children sent home in a contagious state must be symptom free for 24 hours and may not return the following day at a minimum.
10. I understand medication will only be given to my child when the **proper authorization** form is completed daily for the times specified by the Center. **Prescription medications** must be in original containers with prescription label and must be prescribed for my child. Sample medications from doctors must be accompanied by written prescription from the doctor. Dosages must coincide with label unless doctor's note specifies differently for both prescription and over the counter medicine.
11. I agree to notify the Center immediately of any **changes of address, phone numbers, places of employment, or medical conditions.**
12. I will label all my child's belongings and will not hold the Center responsible for lost or damaged items. **I will not send in items of special value.**
13. **I agree to provide a clean crib sheet and light blanket for my child on a weekly basis if my child will be taking a nap.** I agree to maintain a spare change of clothes in my child's cubbie at all times, and a jacket or sweater during the cooler season. I am aware school policy mandates well fitting, closed toed shoes.
14. **I am aware the program begins at 8:30AM.** Children must be in attendance prior to 7:15AM to be included in Breakfast. Children arriving after 7:30 may only attend Breakfast with Parental supervision and when food supply is available.

15. I understand and agree to the use of **redirection, positive reinforcement, and time out** as the Center's method of behavior management.
16. I hereby grant permission for my child to use all the playground equipment and participate in all activities of the Center. I verify **I have personally inspected the playground** and agree to periodically re-inspect said equipment.
17. I hereby grant permission for my child to be included in **evaluations and pictures** connected with the Center's program.
18. The Center is required by law to **report suspicion of child abuse or neglect**.
19. I will not hold the Center or its employees liable for **incidents beyond their control**. I am **responsible for my child's medical expenses** incurred as a result of injuries or illnesses.
20. I hereby grant permission for the staff to take whatever steps necessary to obtain **emergency medical care for my child**. These steps may include, but are not limited to the following:
 - a. Attempt to contact parent or guardian.
 - b. Attempt to contact persons authorized on registration form.
 - c. If the above is unsuccessful, the Center may do any or all of the following:
 1. Call a physician or paramedic.
 2. Call an ambulance and allow the child to be transported to nearest available hospital.
 3. Have child taken to an emergency hospital in the company of a staff member.
21. All expenses incurred under part c will be borne by the child's family.
22. The physician and/or medical facility are authorized to administer medical treatment necessary to assure the health and safety of my child.
23. I have read and understand all policies stated above and in the Parent Manual and do hereby agree to adhere to these policies. I have received and read a copy of "Know Your Child Care Facility".
24. I understand that children ages four and older may have the opportunity to participate in Lutz Learning Center Field Trips away from school premises and give permission for my child to be included. I understand that information regarding Field Trip scheduling and locations will be made available on the school calendar, and that it is my responsibility to sign the permission for each Field Trip scheduled to allow my child to attend. **Students will be required to wear the school uniform to attend Field Trips**. Transportation will be provided by Center owned and insured vehicles equipped with appropriate safety equipment. I am aware Field Trips are a privilege earned through exemplary behavior at school. Students may miss a Field Trip opportunity at the teacher or administrations discretion.

Bug Spray Authorization: (please initial)

_____ Yes, I agree to bring in Bug Spray for my child and authorize Lutz Learning Center to use my child's spray when appropriate. I agree to only bring in the repellent in spray form, not lotion, and will label it with my child's name.

Signed _____ Relationship: _____

Sworn and subscribed before me this _____ day of _____, 200__.

_____ My commission expires _____

Notary Public- State of Florida

Produced identification: _____ Personally known: _____