



LUTZ LEARNING
CENTER
www.lutzlearning.com

2018-19 Preschool Registration

Child

Legal name: _____ Preferred Name: _____
Primary Address: _____ City: _____ Zip: _____
Home Phone: _____ Date of Birth: _____ Gender: _____
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: _____ E-mail: _____
Work Schedule: _____ Driver's License #: _____
Occupation: _____ Birth Date: _____
Would you like to receive text messages from school? ____yes ____no

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

Name: _____ Home Phone: _____
Address (if different): _____ Business Phone: _____
Place of Employment: _____ Cell Phone: _____
Business Address: _____ E-mail: _____
Work Schedule: _____ Driver's License #: _____
Occupation: _____ Birth Date: _____
Would you like to receive text messages from school? ____yes ____no

Medical

Child's Major Medical Coverage: _____
Policy #: _____ Preferred Hospital: _____

Any Medical, Allergy, or Dietary concerns: _____
Reaction/Action Plan: _____

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:

Full Time: (10 hr per day max) _____ Part Time: _____ Early Riser: _____

What Elementary will your child be attending? _____

How did you hear about us? Referral _____ Website _____ Billboard _____ Other: _____

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

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):

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: _____

What are your child's special interests? (Trains, Sharks, Stickers, Bow, etc) _____

Preschool Parent Policy 2018-19

1. I agree to pay a **non-refundable application fee**, first month's tuition and deposit 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 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 monthly tuition is required. Tuition is due on the 25th for the following month.** Late fees will be assessed on any tuition not paid by noon on the 1st business day of the month. Adherence to this policy will prevent disruption of educational services.
4. I am responsible to pay for the agreed schedule whether or not my child attends including holidays the Center closes. The center closes for 2 weeks during winter break. Tuition remains the same each month. A vacation credit will only be applied to your account when requested in writing, one month in advance during our Summer Program. Tuition remains the same
5. **Your Full time student may attend a maximum of 10 hours per day. Additional time will be considered late pickup and charged accordingly. Part time students picked up late will be assessed late charges.** I agree to pay the **late fee per child of \$5.00 per 5 minute increment** if my child is present after scheduled pick-up time. Late pickup fees after 6:00 pm are paid at that time directly to the staff member on site, to compensate them for their overtime.
6. In case of withdrawal of my child from the Center, **I agree to give written notice prior to the 25th of the current month that the following month will be my child's last month. I understand that if written notice is not given, I forfeit my final deposit.**
7. If considered to be in the best interest of the Center, I understand the **Center may suspend or dismiss my child.** Refunds will only be given based on the above policies.
8. I will provide the **required health forms** for my 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** as defined in the Parent Manual. 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 time 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. We will not administer any medication that is a fever reducer. Medicine **MUST** be placed in our medicine bin and **MAY NOT** be within reach of the child, or in the child's cubbie or school bag.
11. I agree to notify the Center immediately of any **changes of address, phone numbers, email address, places of employment, medical conditions, or custody issues.**
12. I will label all my child's belongings and will not hold the Center responsible for lost or damaged items. **I understand I should not send in items of special value or toys.**
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 black shoes and a school uniform (as outlined in the Parent Manual).
14. **I am aware the School Day begins at 8:30 AM.** Children who arrive more that 15 minutes late without a (prior) excused tardy may be turned away for the day. Students enrolled in the Early Riser Program must be in attendance prior to 8:00 AM to be included in Breakfast. Excessive absences will result in being withdrawn from our program.
15. I understand and agree to the use of **redirection, positive reinforcement, and reflection time** 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. All accidents and incidents will be documented and require your signature.
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.
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 am aware of the Center's drop off and pick up policy. I will sign my child in and out daily using the school's computer kiosk and will escort them to class, personally making eye contact with my child's teacher. I will not leave my vehicle running in the parking lot, nor will I leave children in the vehicle unattended. I understand my child is not to leave our building unsupervised by an adult. I agree to notify the Center on days my child will be picked up by anyone other than the primary pickup person/s.

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. I am aware Bug Spray is only applied in the afternoon as needed and will spray my child when necessary in the morning.

Signed _____ Relationship: _____

Sworn and subscribed before me this _____ day of _____, 201____.

_____ My commission expires _____
Notary Public- State of Florida

Produced identification: _____ Personally known: _____