**Date Admitted:**

**Date Terminated:**

**Date of Re-entry:**

**Date of Termination:**

**Child’s Information Form**

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**Child’s Name (First, Middle, Last):**

**Age: Sex: Date of Birth: Race**

**Mother or Guardian:**

**Mother or Guardian Address (City, State, Zip):**

**Mother or Guardian phone: Work Phone:**

**Mother email address:**

**Dad or Guardian:**

**Dad or Guardian Address (City, State, Zip):**

**Dad or Guardian phone: Work Phone:**

**Dad email address:**

**Person with whom child lives with (Circle) Mother Father Both Guardian**

**School Aged Children Information**

**What school does your child attend?**

**School Name: Teacher Name:**

**Room number:**

**Below list the adults who has permission to pick your child up from the center:**

**Name: Relationship to child:**

**Phone Number: Work Phone:**

**Pick Up Emergency**

**Name: Relationship to child:**

**Phone Number: Work Phone:**

**Pick Up Emergency**

**Name: Relationship to child:**

**Phone Number: Work Phone:**

**Pick Up Emergency**

**Name: Relationship to child:**

**Phone Number: Work Phone:**

**Pick Up Emergency**

**Name: Relationship to child:**

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**Pick Up Emergency**

**Name: Relationship to child:**

**Phone Number: Work Phone:**

**Pick Up Emergency**

**Name: Relationship to child:**

**Phone Number: Work Phone:**

**Pick Up Emergency**

**Does your child have any food allergies?**

**Does your child have any other allergies?**

**Does your child have any dietary restrictions?**

**Does your child have any special needs?**

**Parent or Guardian Signature: Date:**

**Parent or Guardian Signature: Date:**

**Child’s Profile**

**Name:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_­\_\_ DOB: \_\_\_\_\_\_\_\_\_\_**

**You know your child better than anyone else in this world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child’s development with us. Please take a moment to complete this profile, as this information will help us know your child better and to meet his or her individual needs.**

1. **What does your child enjoy doing the most?**
2. **What is your child favorite things to do?**
3. **Does your child have any medical or physical needs?**
4. **What foods does your child like to eat the most?**
5. **How does your child feel about taking naps?**
6. **Does your child need a favorite item when taking a nap?**
7. **Does you child have any fears?**
8. **How does your child comfort him/herself?**
9. **Does your child have any preschool experience?**
10. **How do you redirect your child when doing something wrong?**
11. **Is there anything else that you would like to share with us about your child?**
12. **What would you like most for your child to experience with us?**

**Parent/Guardian Signature: Date:**

**Parent/Guardian Signature: Date:**

**A copy of this will be given to your child’s teacher on the first day of class. If anything should change, please let us know so that you can update this form.**

**Play and Learn Development Center**

**Emergency Medical Care**

**I hereby grant permission for the Director or designated personnel to take whatever steps necessary to obtain emergency medical care for my child. These steps may include but not limited to the following:**

**\*Attempt to contact parents/guardians, the person listed on the emergency information form or the child’s physician (in that order)**

**\*If none of the above can be reached, we will contact paramedics and the child will be taken to the nearest emergency room accompanied by a center staff member.**

**\*The center will not be held responsible for any incidents that occur due to false or lack of information given at the time of enrollment.**

**I authorize Play and Learn Development Center to use, if needed the following first aid supplies:**

1. **Vaseline**
2. **Antiseptic**
3. **Band -Aids, tape, gauze, hot or cold compress, etc.**

**Physician Name:**

**Physician Number:**

**Hospital /Emergency Care Preference:**

**Dentist Name:**

**Dentist Number:**

**If another facility is closer than your preference, may we take your child there?**

**Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_**

**Parent Signature: Date:**

**Financial Agreement**

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**Date:**

**Student Name:**

**Parent/Guardian Name:**

**Parent/Guardian Name:**

**I agree to pay Play and Learn Development Center: (Write “I Agree” on the payment schedule you prefer. All payments must be made in advance (No Exceptions)**

**Weekly**

**Every two weeks**

**Monthly**

**Financial Policy**

**Tuition payments are due on Mondays of every week. If payment is not made your child will not be permitted to stay that day and CAN NOT return until payment is made.**

**This will be the start of our Suspension Policy for non-payment.**

**If you fail to make payment for the suspension week your child will be removed from** **Play and Learn Development Center enrollment roster the following week.**

**You must give a week’s notice if you will be unenrolling your child from Play and Learn Development Center. If you fail to give notice you will still be responsible for a full week’s tuition.**

**If your child is on the Childcare Assistance Program and you fail to make co-payments on Mondays of every week your child will not be allowed to stay.**

**This will be the start of our Suspension Policy for non-payment of co-pay.**

**Parent/Guardian Signature: Date:**

**Parent/Guardian Signature: Date:**