

Enrollment Contract
Play and Learn Child Development Center LLC
30 North Main Street Thomaston, CT 06787 (860) 283-0791

Child's Name: _____ **DOB:** _____ **Grade:** _____

Address: _____

Mother's Name: _____ **Phone #** _____

Address: _____ **Cell #** _____

Work # _____ **Work Schedule:** _____

Employer: _____ **Employer's Address:** _____

Father's Name: _____ **Phone #** _____

Address: _____ **Cell #** _____

Employer: _____ **Employer's Address:** _____

Work # _____ **Work Schedule:** _____

Family Email Address: _____

What days and hours are you reserving?

- Monday _____ to _____
- Tuesday _____ to _____
- Wednesday _____ to _____
- Thursday _____ to _____
- Friday _____ to _____

Program* _____ **Weekly Tuition** _____
(Please state one Toddlers, Preschool, Kindergarten Readiness, Kindergarten Transition, Before & After)

I understand that payment is due on Thursday each week. There is a \$5 late fee added to payments made on Friday. If my child is picked up after six PM, I will pay a \$15 per 10 minutes overtime fee. I have read and completely understand the *Parent Handbook*. I have also read and agree with Discipline and Sick Policies.

New family registration fee \$50 Returning family fee \$35
Fees must be submitted with this contract in order to reserve a space in the program

Child Start Date _____ **Paid ck#** _____

Signature _____ Date _____

Does your child have any Allergies? Please list: _____

Does your child have any dietary restrictions? Please list: _____

Does your child have any activity restrictions? Please list: _____

Does your child have any Special Needs that we should be aware of? _____

Do you need information on Connecticut's Husky Medical Insurance? Yes No

Will you be applying for Care 4 Kids assistance? Yes No School Readiness? Yes No

What language is spoken at home? _____

Other children in your family: _____

Other people living in your household: _____

Picture Permission Form

I give Play and Learn Child Development Center, LLC permission to take pictures and/or video of my child(ren) for classroom purposes.

Parent Signature: _____ Date: _____

I give Play and Learn Child Development Center, LLC permission to take pictures and/or video of my child(ren) for advertising and marketing purposes. I will always be notified before PAL uses any pictures or video of my child.

Parent Signature: _____ Date: _____

Field Trip Permission Form

My child _____ has my permission to leave the grounds of Play and Learn Child Development Center, LLC under the supervision of 2 or more PAL staff members for walking field trips.

Parent Signature: _____ Date: _____

Center Directory

My child's address, phone number and e-mail address may be included in the center's directory to be distributed to currently enrolled families. Yes No Initial _____

Policy for child not picked up by closing time

Within 15 minutes the teacher in charge will attempt to reach a responsible party by calling the people listed on your Pick-up permission list. They will start with the person listed first and working their way down until someone is reached. Two staff members will remain with the child until a responsible person from the pick-up list ONLY arrives.

If no one has been reached within one hour, the Department of Children and Families and/or the local Police department will be called.

Please initial that you have read and understand this policy_____.

Pick-Up Permission Form

I hereby give permission for my child _____ to leave Play and Learn Child Development Center, LLC with the person or persons listed below. It is my responsibility to notify the center of any changes. I am also aware that, unless the person is known to a staff member on duty, identification will be required to remove the child from the center. I am also aware that **no one** may be added to the pick-up form over the telephone, fax or through email. The only acceptable way to add someone to the pick-up form is for one of the parents to come in and add them in person. This is for the safety of the children and **will not** be waived for anyone at anytime. It is therefore advised that you add everyone that you can think of to this list in case of an emergency.

Please initial that you have read and understand this policy. _____.

Please fill in as much information as you can about the people on your pick-up list. Also, please include more than one phone number for each contact. Please indicate whether or not each contact may pick up your child(ren) at any time or if they may only pick up when a parent notifies a staff member at PAL prior to the person picking up.

Name	Phone Numbers	Relationship	Contact in case of emergency		May pick up anytime	
			Yes	No	Yes	No
1.						
2.						
3.						
4.						
5.						
6.						

7.						
8.						

Is there anyone who cannot pick up the child that may create a problem?

Is there any special situation that we should be aware?

Play and Learn Child Development Center, LLC will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent Signature: _____ Date: _____

Medical Authorization and Release Form

Medical Authorization for _____ DOB _____

The undersigned, who are the parents or legal guardian of the above named minor, hereby authorize the PLAY AND LEARN CHILD DEVELOPMENT CENTER, into whose care the above named minor has been entrusted, do consent to any emergency medical treatment, after following the Emergency Procedure steps listed below.

1. Attempt to contact a parent or guardian, the child's physician or persons listed on this form.
2. If contact cannot be made, one or both of the following will be done:
 - a) Another physician or paramedics will be called.
 - b) The child will be taken to emergency room in the company of a staff member.
3. Any expenses incurred under #2 will be borne by the child's parent or legal guardian.
4. The school will not assume responsibility for anything that may happen as a result of false information given at the time of enrollment.

The undersigned further authorizes the PLAY AND LEARN CHILD DEVELOPMENT CENTER to have the above named minor released into the custody of its representative, should hospital care no longer be required. This form is to be used only in extreme emergency, when said parents or legal guardians cannot be contacted or are unavailable.

Local person(s) who may have access to my child's health record and who may be contacted if parents or guardians are unavailable.

Name: _____ Phone # _____ Cell # _____

Address: _____ Town, State, Zip: _____

Relationship to Child: _____

Name: _____ Phone # _____ Cell # _____

Address: _____ Town, State, Zip: _____

Relationship to Child: _____

Name: _____ Phone # _____ Cell # _____

Address: _____ Town, State, Zip: _____

Relationship to Child: _____

Child's Physician: _____ Phone # _____

Address: _____

Child's Dentist: _____ Phone # _____

Address: _____

Hospital Preferred: _____ City: _____

EACH CHILD MUST HAVE A COPY OF THEIR CURRENT HEALTH INSURANCE CARD ON FILE.

Parent or Legal Guardian's Signature: _____ Date: _____