

**ATTENTION PARENTS:**

Please notify us **as soon as possible** if your child **will not** be attending Child's Play in the fall. Thank you.

**Please Note:**

If your child is in an **18 month, 2 year old or 3 year old class**,  
the following items are due **Monday, August 6.**

If your child is in a **4 year old or 5 year old class**,  
the following items are due **Tuesday, August 7.**

If you have **more than one child** enrolled,  
the items are due **Monday, August 6.**

***Please write clearly in black ink on all forms.***

1. May 2019 tuition
2. Emergency Contact Form
3. Medical Information Form signed by physician with **immunizations attached**
4. Food Allergy Emergency Plan, completed by the doctor if your child has a food allergy.
5. "Tell Us About Your Child" Form (2 pages)
6. Waiver of Liability/Authorization for Emergency Medical Attention/  
Photo Release Form
7. Directory and T-Shirt/Tote Bag Order Form  
(If you are placing an order, attach a check made to Child's Play)
8. Parent Acknowledgement Form
9. Current photo of your child
10. Copy of your child's birth certificate, if he/she is a new Child's Play student

**The Policies and Procedures Handbook can be found on [childsplaykaty.com](http://childsplaykaty.com) by clicking on the "Handbook" tab in the upper right hand corner of the home page.**

**September 2018 tuition  
is due on September 5<sup>th</sup> or September 6<sup>th</sup>  
(Your child's first day of class.)**

# EMERGENCY CONTACT FORM

Class: \_\_\_\_\_ Days: \_\_\_\_\_

Room: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Subdiv.: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom's Home Phone: \_\_\_\_\_ Dad's Home Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's Work Phone: \_\_\_\_\_ Dad's Work Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Problems/Allergies: \_\_\_\_\_

## Authorized Pick Up People/Emergency Contacts:

1. \_\_\_\_\_  
Dad's Name Phone #

Address City Zip Code

2. \_\_\_\_\_  
Mom's Name Phone #

Address City Zip Code

3. \_\_\_\_\_  
Name Phone #

Address City Zip Code

4. \_\_\_\_\_  
Name Phone #

Address City Zip Code

5. \_\_\_\_\_  
Name Phone #

Address City Zip Code

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

**ALL ITEMS MUST BE COMPLETELY FILLED OUT.**

# Child's Play Learning Center

1530 Norwalk

Katy, TX 77450

281-578-9332 Fax: 281-578-0507

## MEDICAL INFORMATION FORM

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birthday (month/day/year)

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician's Phone #

### PHYSICIAN'S EXAMINATION

I have examined the above named child on \_\_\_\_\_ and find that he/she is physically  
(month/date/year)  
able to participate in all preschool activities.

List any medical conditions: \_\_\_\_\_  
\_\_\_\_\_

List any allergies: \_\_\_\_\_  
\_\_\_\_\_

**If this child has FOOD allergies, please attach a "Food Allergy Emergency Plan". Describe symptoms that require medical attention, which medication to administer as well as the dosage and when it should be given.**

List any conditions for which this child may require special treatment: \_\_\_\_\_  
\_\_\_\_\_

**A COPY OF THE CURRENT IMMUNIZATION RECORDS  
MUST BE ATTACHED TO THIS FORM.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Date

Child's Play Learning Center  
1530 Norwalk  
Katy, TX 77450  
281-578-9332 Fax: 281-578-0507

Class: \_\_\_\_\_

## Food Allergy Emergency Plan

This plan must be signed and dated by your child's Health Care Professional.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

Dr. Phone #: \_\_\_\_\_

Dr. Fax #: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Food(s) Child Is Allergic To	Levels of Exposure Causing Symptoms (breathing, touching, ingesting)	Steps to take if child has an allergic reaction

By signing below, the parent or guardian of this child gives Child's Play Learning Center permission to post the child's food allergy in any area where food is serviced or prepared.

Parent or Guardian Name (Printed) \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## TELL US ABOUT YOUR CHILD

CHILD'S NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

WHAT NAME DO YOU WANT YOUR CHILD TO LEARN TO WRITE: \_\_\_\_\_

MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF ADOPTION (IF APPLICABLE): \_\_\_\_\_

PREMATURE BIRTH?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

MOM'S NAME: \_\_\_\_\_ MOM'S PHONE: \_\_\_\_\_

DAD'S NAME: \_\_\_\_\_ DAD'S PHONE: \_\_\_\_\_

ADULTS LIVING IN THE HOME: \_\_\_\_\_

NAMES AND AGES OF CHILDREN LIVING IN THE HOME:

\_\_\_\_\_  
\_\_\_\_\_

NAMES OF PETS LIVING IN THE HOME: \_\_\_\_\_

PRIMARY CAREGIVER DURING THE DAY: \_\_\_\_\_

LANGUAGE(S) SPOKEN IN THE HOME: \_\_\_\_\_

### MEDICAL

HAS YOUR CHILD EVER BEEN HOSPITALIZED? Yes: \_\_\_\_\_ No: \_\_\_\_\_

REASON: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_

ALLERGIES (FOOD, INSECT, MEDICATION, SEASONAL): \_\_\_\_\_

\_\_\_\_\_  
MEDICATIONS: \_\_\_\_\_

HAVE YOU SUSPECTED DIFFICULTIES/DELAYS IN:

SPEECH: Yes \_\_\_\_\_ No: \_\_\_\_\_ HEARING: Yes: \_\_\_\_\_ No: \_\_\_\_\_

VISION: Yes: \_\_\_\_\_ No: \_\_\_\_\_ ATTENTION: Yes: \_\_\_\_\_ No: \_\_\_\_\_

IS YOUR CHILD RECEIVING ANY TYPE OF SERVICES/THERAPIES AT THIS TIME?

Speech: \_\_\_\_\_ Early Childhood Intervention (ECI): \_\_\_\_\_

Other Services/Therapies: \_\_\_\_\_

**SOCIAL AND EMOTIONAL**

HAS YOUR CHILD EVER BEEN APART FROM YOU? \_\_\_\_\_

HAS YOUR CHILD HAD GROUP PLAY EXPERIENCES? \_\_\_\_\_

DOES YOUR CHILD ENJOY PLAYING ALONE? \_\_\_\_\_

HAS HE/SHE ATTENDED THIS PRESCHOOL? Yes: \_\_\_\_\_ No: \_\_\_\_\_

OTHER PRESCHOOLS? Yes: \_\_\_\_\_ No: \_\_\_\_\_

ACTIVITIES OUTSIDE THE HOME: \_\_\_\_\_

FAVORITE PLAY THINGS: \_\_\_\_\_

SPECIAL ATTACHMENTS: \_\_\_\_\_

DISLIKES/FEARS/STRENGTHS/SPECIAL NEEDS: \_\_\_\_\_

IS YOUR CHILD POTTY TRAINED? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(It is required that children 3 years and older be potty trained.)

**PLEASE DESCRIBE YOUR CHILD'S PERSONALITY (circle):**

Active                      Quiet                      Shy                      Social                      Independent

Determined                      Affectionate                      Talkative                      Curious

Other: \_\_\_\_\_

**What are your expectations of Child's Play?**

\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parents, please initial on the appropriate lines, complete the insurance information, and sign and date at the bottom of the page.

### WAIVER OF LIABILITY

\_\_\_\_\_  
(initials) I understand that the children are supervised at all times and that every precaution is taken to prevent accidents and/or illness. In the event that an emergency or accident occurs, I agree to relieve Child's Play Learning Center, Inc., Epiphany of the Lord Catholic Church and all other agents thereof, including the Director or person in charge, from any responsibility resulting from such emergency or accident and the medical treatment rendered to such minor, if any.

### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

\_\_\_\_\_  
(initials) In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Child's Play director or person in charge to call 911 or my child's physician.

#### INSURANCE INFORMATION:

Name of Insurer: \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Policy, Group or ID Numbers: \_\_\_\_\_

### PHOTO RELEASE

\_\_\_\_\_  
(initials) Yes, I give permission to Child's Play Learning Center, Inc. to use photographs on the childisplaykaty.com website photo gallery.

\_\_\_\_\_  
(initials) No, I do not give permission for Child's Play Learning Center, Inc. to take photographs of my child to use on their web site photo gallery and/or brochures.

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

\_\_\_\_\_  
Date

# STUDENT DIRECTORY

Child's Play provides a student directory to all parents of our program. This directory gives names, addresses, phone numbers and e-mail addresses of the children and their parents in your child's class. If you choose not to be in the directory, please check "no" and return the form.

\_\_\_\_\_ **Yes, please include my information.**

\_\_\_\_\_ **No, please do not include my information.**

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

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Mom \_\_\_\_\_ Dad

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

=====

## T-SHIRT & TOTE BAG ORDER

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

T-shirts are worn during "Spirit Week" and for class photos. If you would like to order a t-shirt or a tote bag, please fill out the form below. You will receive your order by the first week of school.

size 2-4 t-shirt	Quantity _____	X \$10 each = \$ _____
size 6-8 t-shirt	Quantity _____	X \$10 each = \$ _____
tote bag	Quantity _____	X \$15 each = \$ _____
TOTAL DUE		= \$ _____

**Please make your check payable to Child's Play. It MUST accompany this order sheet. Thank you.**



CHILD'S PLAY LEARNING CENTER, INC.

**\*\*Parent Acknowledgement\*\***

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

This is to acknowledge that Child's Play Learning Center, Inc. has provided me with their Parent Policies and Procedures Handbook located on the [childsplaykaty.com](http://childsplaykaty.com) website. I have read it and understand the information contained in the handbook. I am aware that I may contact the office regarding information in this handbook at any time during the school year if I have any questions or concerns.

I am also aware that for security reasons, Child's Play Learning Center locks their doors during the class day. I can, however, visit at any time and a staff member will escort me into the building. I realize that for the benefit of all children a time limit is set and that I am to watch from outside the classroom so as to not disturb the classroom activities and/or the other children.

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

\_\_\_\_\_  
Date