

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 5.**

If your child is in a **4 year old or 5 year old** class,
the following items are due **Tuesday, August, 6.**

Please write clearly in black ink on all forms.

1. May 2020 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 by clicking on the "Handbook" tab in the upper right-hand corner of the home page.

*September 2019 tuition
is due on September 4th or September 5th
(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:_____

DOES YOUR CHILD NAP DAILY?_____ If yes, how long?_____

IS YOUR CHILD POTTY TRAINED? Yes:_____ No:_____

(Child's Play asks 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 photos on the childisplaykaty.com website photo gallery. No names are published on the website.

(initials) No, I do not give permission to Child's Play Learning Center, Inc. to use photos of my child to use on the childisplaykaty.com website photo gallery.

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 _____ X \$10 each = \$ _____

tote bag _____ 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 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



DEAR PARENTS,

CHILD'S PLAY WILL BE USING **REMINDE** TO SEND YOU INFORMATION ON YOUR PHONE REGARDING ANY EMERGENCIES OR CHANGES THAT MAY OCCUR DURING THE COURSE OF THE SCHOOL DAY. THIS WILL ALLOW US TO GET IN TOUCH WITH YOU IMMEDIATELY VIA TEXT. PLEASE FOLLOW THE DIRECTIONS BELOW TO CONNECT WITH THE SERVICE.

- * DOWNLOAD THE REMIND 101 APP (BLUE AND WHITE CLOUD) FROM THE APP STORE, THEN
- * ENTER EMAIL
- * PASSWORD
- * SELECT "I'M A PARENT"
- * NAME
- * YOU MAY SKIP PHONE NUMBER
- * TURN ON PUSH NOTIFICATIONS

CLICK ON "JOIN YOUR FIRST CLASS"

- ENTER YOUR CLASS CODE- k4f4f9
- CLICK ON APPLE ICON
- CLICK ON CHILD'S PLAY

BY JOINING **REMINDE** YOU ARE GIVING CHILD'S PLAY PERMISSION TO SEND EMERGENCY NOTIFICATIONS TO YOUR PHONE.