

Enrollment Agreement 2020-2021

Beach Day School

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs.

Enrollment Information				
Child's Information				
Child's first name		Child's middle name		Child's last name
Birth Date:				
Age	Sex	Child's Nickname	Circle Preferred Grade	
				MWF 2's MTuTh 2's 3's 4's Kindergarten
Child's home address			City	State
				Zip
Has your child attended <u>any</u> prior preschool or daycare facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		School name(s)		Age/Grade
				School phone
Are you members of First Presbyterian Church? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Family Information				
List family members your child lives with – include first names, relation and ages of siblings				
Parent/guardian/sponsor		Relationship to child		Home phone
				Cell phone
Home address if different from above			City	State
				Zip
Home email		Work email		Work phone
Employer	Employer address		City	State
				Zip
				Work hours
Other parent/guardian/sponsor		Relationship to child		Home phone
				Cell phone
Home address if different from above			City	State
				Zip
Home email		Work email		Work phone
Employer	Employer address		City	State
				Zip
				Work hours
Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)				
Please notify the center if an Emergency Release Contact will pick up your child on a given day. [For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick-up.]				
Person #1	Relationship to child		Home phone	Cell phone
Person #2	Relationship to child		Home phone	Cell phone
Person #3	Relationship to child		Home phone	Cell phone
The persons designated in this section will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, in writing. Your child will not be released without prior authorization.				
Parent initial _____ Staff initial _____ Date _____				
Child's Health and Background Information				
1. Is any language other than English used in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain				
2. Has your child been cared for by anyone besides immediate family? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain				
3. If your child is a new student, please explain how much interaction your child has had with children of his/her own age?				
4. What does your child enjoy? What makes them happy?				
5. What makes your child angry/upset? How does your child show those feelings?				
6. Please describe your child's personality.				

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Medical Information					
Child's name	Birth date	Height	Weight	Hair color	Eye color
Distinguishing features					
Allergies (please list)					
Medication or Food					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Please attach care instructions from your physician for any life-threatening allergies.</i>					
Has your child ever received or been recommended for any of the following screenings? (please check all that apply – add date of last screening)					
<input type="checkbox"/> Vision	_____	<input type="checkbox"/> Developmental	_____	<input type="checkbox"/> Tuberculosis (PPD)	_____
<input type="checkbox"/> Hearing	_____	<input type="checkbox"/> Early Intervention	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Speech/Language	_____	<input type="checkbox"/> Occupational Therapy	_____	<input type="checkbox"/>	_____

Child's Medical Care Provider			
Primary physician's name	Primary physician's practice name		Phone
Physician's practice address		City	State Zip
Child's Insurance Provider			
Child's health insurance provider name	Policy number	Secondary health insurance provider name	Policy number

My Child Has been Immunized (Pls. Circle) Y N (please attach a copy of your child's immunization records, or notarized exemption)	
Additional Medical Policies	
1. Prior to the first day of school, I must provide Beach Day School with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child-care regulations.	Initial
2. I agree to provide information to Beach Day School about my child's conditions, illnesses, allergies or other needs.	Initial
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	Initial
4. If my child becomes ill during his/her time at Beach Day School, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Child Emergency Contact and Release</i> .	Initial

Emergency Medical Authorization & Consent	
In case of a medical emergency, the staff will attempt to contact me, those listed in the <i>Child Emergency Contact and Release</i> , and lastly my physician.	Initial
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	Initial
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	Initial
In case of a medical emergency, I will be responsible for the emergency medical expenses.	Initial
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	Initial
I give my permission to this center to apply <input type="checkbox"/> sunscreen and <input type="checkbox"/> insect repellent to my child.	Initial
I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name.	Initial

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Other Agreements**Private Employment Acknowledgement and Release**

Any arrangement/employment between me and staff of Beach Day School (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected to or sanctioned by this center. Beach Day School shall remain harmless from any such arrangement.

Initial

Occasionally, photos will be taken of the children at Beach Day School for use within the center or on our website, on Instagram, Facebook, and/or newsletters. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

Initial

I give my permission for my child to participate in supervised walking excursions near and around Beach Day School.

Initial**Handbook Acknowledgement**

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them.

Initial

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.

Initial

Information contained in the Family Handbook may be subject to change.

Initial**Contract Approval**

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement*.

Primary Parent/Guardian/Sponsor Signature_____
Date_____
Beach Day School Administrative Signature_____
Date