

ATTENTION PARENTS:

Please notify us **as soon as possible** if your child will not be attending Child's Play in the fall. While we are looking towards opening after Labor Day, this could be delayed based on local health authorities' recommendations or Katy ISD decisions. Thank you.

Please note:

The following papers are due by **Monday, August 3rd.**

Please download them from our website, childsplaykaty.com, and click on the big, green button "2020-2021 Registration Papers".

Papers may be e-mailed to childsplaykaty@yahoo.com or delivered to the drop box by the front door of Child's Play on August 3rd from 9:00am-12:00 noon. There will be no entry into the building.

Please write clearly in black ink on all forms.

1. Medical Information Form signed by physician with **immunizations attached**
2. Food Allergy Emergency Plan, completed by the doctor **if your child has a food allergy**
3. "Tell Us About Your Child" Form (2 pages)
4. Covid-19 Pandemic Policies and Procedure Commitment form
5. Waiver of Liability/Authorization for Emergency Medical Attention
6. Parent Acknowledgement Form
7. Current photo of your child
8. 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.

Tuition is due on the 1st of each month. A \$25 late fee will be charged after the 5th of the month.

Meet the Teacher is to be determined.

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.**

Vision and Hearing testing required for all 4 and 5 year olds.
The state of Texas requires all children to have their hearing and vision tested each year after they turn 4. Please **attach a copy of the results.**

Physician's Signature

Physician's Address

Date

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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: _____

Doctor 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: _____

Parent Signature

Date

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, as well as the COVID-19 Pandemic 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

Policies & Procedures Parent Commitment

2020-2021

I, _____, parent of (child's name) _____

Agree to follow all policies and procedures set forth by Child's Play Learning Center in order to help keep my child, other children and staff safe and healthy while attending school.

I understand that despite all the efforts set forth by Child's Play Learning Center, my child or family could be exposed to Covid-19.

Please read carefully and initial each statement below:

I agree

_____ to keep my child home if he/she has any fever and/or signs of illness

_____ to notify the school if my child or family member contracts an illness

_____ to keep my child home until symptom free for 72 hours (without the use of medication)

_____ to quarantine for 14 days if my child has had close contact with anyone diagnosed with Covid-19

_____ to provide Child's Play with a medical release to return to school should it be requested

_____ to have my child screened before entering the building

_____ to pay tuition (contactless) through Tuition Express in Procure

_____ to the tuition refund policies set forth in this handbook

I have read the Policies & Procedures Covid-19 handbook provided by Child's Play Learning Center

Signature _____ Date _____