

Rainbow Garden Preschool



Non-Refundable Annual Registration Fee: \$150/child

CHILD INFORMATION:

Date of Birth: _____

Last

First

Nickname

FAMILY INFORMATION:

Child lives with: _____

Parent/Guardian's Name _____ Home Phone _____ EMAIL: _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

Parent/Guardian's Name: _____ Home Phone _____ EMAIL: _____

Address (if different from child's) _____ Zip Code _____

Work Phone _____ Cell Phone _____

CONTACTS:

Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes ___ No ___

List any allergies and the symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns.

List any particular fears or unique behavior characteristics the child has: _____

List any types of medication taken for health care needs _____

Share any other info that has a direct bearing on assuring safe medical treatment for your child.

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone: _____ Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency. Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Signature of Administrator _____ Date _____

RAINBOW GARDEN PRESCHOOL



RAINBOW Garden Preschool Insurance/ Liability /Discipline Policy/Operational Policies & Procedures

I, the participant and parent, request voluntary participation for minor to participate in RGP all of which are hereinafter referred to as the "activity". _____ I consent to minor's participation in the activity and acknowledge that the minor and I fully understand minor's participation may involve risk of serious injury or death, including losses which may result not only from minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and staff, before I sign this document and before the activity begins.

Release-Minor's Rights:

_____ In consideration of allowing minor participant to participate in associated activities, I hereby release and hold harmless Cape Fear Child Development Center and program staff of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that minor participant may have of sustain with respect to any and all damage and/or injury, of any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

_____ I have read & comprehend the RGP Operational Policies and Procedures including the RGP Discipline Policy.

_____ I have received a copy of the NC Summary of Child Care Laws.

_____ I grant RGP permission to take pictures of my child to possibly be used for DAEP website, newspaper, advertising literature for RGP. Children's names will not be posted.

_____ Following the occurrence of an Event of Default of this tuition, the Company shall, jointly and severally, pay the Holder the Holder's reasonable costs of collection, including attorneys' fees.

_____ I comprehend my child's enrollment could cause possible exposure to and illness from infectious diseases, including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness, injury, and death does exist.

_____ KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others. and asst me full responsibility for my participation; and,

_____ I certify that I have not recently tested positive for, and am not exhibiting symptoms of COVID-19, which include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, muscle or body aches and/or sore throat. I understand upon possible exposure to anyone in my family I am asked to report to the childcare facility to keep facility, staff and other families safe.

_____ I understand that I can be terminated at any time for not releasing infectious disease information regarding exposure to my family, friends, and work environment to the center.

Print name of minor: _____

Date of Birth Date: _____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

RAINBOW GARDEN PRESCHOOL



Policies and Procedures

Non-Refundable Annual Registration: \$150/child

Hours: Monday-Friday 7am-6pm

First Day of School: August 28,2023 Open House: August 26, 2023

School Closures 2023-2024 : 1/2 & 3/4 day also closed: Dec 21-22 & 25-29, Jan 1, Spring Break on Pender Schools Calendar

- Veteran's Day November 11
- * Thanksgiving November 27-29
- * December 22, 25,26
- January 1
- Martin Luther King January 15 2024
- Spring Holiday March 29, April 1
- Memorial Day May 27
- Labor Day Sept 2
- July 4-5

Fees & Tuition. Online

- Tuition due 1st day of billing cycle.
- Sibling discount \$5/cycle
- Late fee pick-up \$2/min for designated dismissal/pick up time.
- Late fee of \$25 applied midnight of 2nd day due. Continue late payment subject to termination.
- Tuition due when sick or on vacation.

Program Options

1. Half -Day Preschool-4-weekcycle (all ages) 3 days/week: \$375, 4: \$400, 5:\$425
Tuition is every 4 weeks through the end of May. No pro-rates for breaks and holidays.
2. ¾- Day Preschool-4-week cycle (all ages): 3 days/week: \$555, 4: \$580, 5:\$600
Tuition is every 4 weeks through the end of May. No pro-rates for breaks and holidays.
3. Full Day-7am-6pm (same program) * Full day children have one week vacation per calendar year

Children in Diapers (age 2-3+) Fairy & Gnome Room=Price per 1-week, 3 days: \$175, 4 days: \$195, 5 days: \$215

Mixed Age Class with Bathroom Independence= Price per 1-week: 3 days: \$165, 4 days: \$185, 5 days: \$200

School Supplies: \$50per school-year charged in September or on first day. We purchase supplies in bulk.

Personal Items Brought from Home:1 pair of slippers/indoor shoes labeled for your child (no characters/blinks)

**10 oz labeled reusable water bottle (free of characters), plain or nature themed backpack/tote.

Full day students please bring one small blanket OR cuddle item for school use ONLY.

DAILY SNACK & LUNCH POLICY AND PROCEDURE

1. Water Bottle labeled with name (free of commercial characters)-same water bottle listed above
2. 2 Cloth Napkins in lunch box (one for place-mat and one for wiping face and hands)
3. Full Day Children Only-Healthy morning snack (fruit or sugar-free non-refrigerated item only)
4. Lunch packed in labeled one gallon reusable bag Please place food in reusable containers when possible. Lunches are refrigerated. Do not use an insulated bag.
5. Please pack lunches free of sugar and empty calories. Eat anything at home. At school we eat healthy and nutritious food.
6. **PEANUT-FREE ALWAYS!**

BIRTHDAY CELEBRATIONS-We celebrate child's birthday on the exact day or next day if it falls on a weekend. Our celebration does not include food or sweets!The child gets to put on a special hat while the teacher recites a birthday poem. The child walks around the sun for each year since birth. Birthday invitations are for the WHOLE CLASS ONLY.



Prevention of Shaken Baby Syndrome and Abusive Head Trauma

Parent or guardian acknowledgement form

I, the parent or guardian of _____
Child's name

acknowledges that I have read and received a copy of the facility's Shaken Baby Syndrome/Abusive Head Trauma Policy.

Date policy given/explained to parent/guardian

Date of child's enrollment

Print name of parent/guardian

Signature of parent/guardian

Date





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Child Development
and Early Education

Nutrition Opt Out Form

Child Care Rules .0901(d) and .1706(c) state:

When children bring their own food for meals and snacks to the program, if the food does not meet the nutritional requirements specified in Paragraph (a) of this Rule, the operator must provide the additional food necessary to meet those requirements unless the child's parent or guardian opts out of the supplemental food provided by the operator as set forth in G.S. 110-91(2) h.1. A statement acknowledging the parental decision to opt out of the supplemental food provided by the operator signed by the child's parent or guardian shall be on file at the facility. Opting out means that the operator will not provide any food or drink so long as the child's parent or guardian provides all meals, snacks, and drinks scheduled to be served at the program's designated times. If the child's parent or guardian has opted out but does not provide all food and drink for the child, the program shall provide supplemental food and drink as if the child's parent or guardian had not opted out of the supplemental food program.

I _____ plan to provide all meals, snacks and

(Parent/Guardian Print Name)

drinks for my child and do not want his/her meals, snacks or drinks supplemented to meet the Meal Patterns for Children in Child Care Programs from the United States Department of Agriculture (USDA), which are based on the recommended nutrient intake judged by the National Research Council to be adequate for maintaining good nutrition.

Since I opted out, if I do not provide all the meals, snacks or drinks for my child, I understand that the program will provide supplemental food and drink.

Parent/Guardian Signature

Date