

ATTENTION PARENTS:

Please notify us **as soon as possible** if your child will not be attending Child's Play in the fall. Meet the teacher is planned for Tuesday, September 7th (more information to follow). Our first day of school is Wednesday, Sep. 8th, 2021.

Please note:

The following papers are due by **Monday, July 12th.**

Forms can also be downloaded from our website, childsplaykaty.com, "2021-2022 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 July 12th 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. Vision and Hearing testing required for all 4 and 5 year old's.**
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
5. Financial Agreement
6. Waiver of Liability/Authorization for Emergency Medical Attention
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.

Please watch the calendar for upcoming announcements.

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?

Policies & Procedures Parent Commitment

2021-2022

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 24 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 _____

Child's Play Learning Center, Inc.
Financial Agreement
2021-2022
(Financial Terms and Conditions)

Please initial each statement to acknowledge acceptance of terms:

- I understand that the registration/supply fee is required to secure class placement for my child. I understand that this fee is NON-REFUNDABLE.
- I understand that incomplete paperwork will result in a service charge of \$25.00 For late paperwork, there is a \$50 fee.
- I understand that monthly tuition fees are NON-REFUNDABLE.
- I understand that full tuition is due each month regardless of absences, weather, holidays or other school closings. Child's Play will closely follow the KISD calendar.
- I understand that there are NO "make up" days for missed days for any reason.
- I understand that tuition is due on the first school day of each month. Tuition not paid after the fifth (5th) of the month is subject to a late fee of \$25.00
- I understand that May 2022 tuition will be due in July 2021. This tuition is NON-REFUNDABLE.
- I understand there is a \$20 service charge for any returned checks.
- I understand that children not picked up by 2:10 will be brought to the office. There will be a \$10 charge for each 10 minutes or any part thereof that you are late.

I agree to the financial terms listed above.

Student's Name (Please Print)

Parent's Name (Please Print)

Date

Parent's Signature

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

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

Child's Play Learning Center, Inc. admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its education policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

ELIGIBILITY FOR DISCOUNT TUITION RATES

To receive the discounted rate you **MUST BE** a registered member of Epiphany of the Lord Catholic Community.