

A+ Preschool Registration Forms

Updated March 2018

Child's Name _____

Age _____ Birthdate _____ Gender _____

Parent's Name _____

Cell Phone _____ Business Phone _____

Parent's Name _____

Cell Phone _____ Business Phone _____

Home Phone for primary residence _____

Street Address _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address (required) _____

Emergency Contact:

Name and phone number of the person who would assume responsibility for your child in the case of an emergency. (This will be used only when we are unable to get in touch with you.)

Name _____ Phone _____

Medical Information:

Family Physician _____ Phone _____

Are there any medical issues or allergies that we should be made aware of? _____yes _____no

If yes, please list:

The undersigned parent(s)/guardian(s) having legal custody or control of a minor, grant permission for any emergency treatment and hospital services that may be rendered to said minor under the general direction of any hospital emergency department physician.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Family/Custodial Information:

Are parents married? _____ Yes _____ No

If the parents are divorced, is there joint custody of the child? _____ Yes _____ No

If yes, please include the name and phone number of the other parent.

Name _____

Phone _____

Do both parents have the authority to pick up the child? _____ Yes _____ No

If no, A+ needs to have a copy of the pertinent court documents on file.

Other pertinent information:

Release of Child:

_____ will be picked up by parent or designated adult listed below.
(Child's Name)

Please list names and phone numbers of any designated adults allowed to pick-up your child.

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____

4. _____ Phone Number: _____

5. _____ Phone Number: _____

Parent Handbook-

I have received a copy of the A+ Preschool Parent Handbook. I have read and understand its policies and procedures, and agree to comply with the program rules and regulations.

(Initials) (Initials)

Services Offered

The A+ Preschool is a licensed preschool providing an educationally based, hands-on curriculum for two-and-a-half through five years of age. We strive to prepare children for kindergarten through active participation in all learning activities as noted in the parent handbook.

(Initials)

(Initials)

Admission Policies

Healthy children will be admitted and accorded equal treatment and access to services without regard to race, religion, color, national origin, or ancestry. The day your child turns two-and-a-half years of age, he/she is eligible for our program. **Children must be fully toilet trained by the day of entry.**

The following forms must be completed and turned in to A+ **BEFORE** your preschooler may be admitted into the program: Registration Forms, Notification of Parents' Rights, Personal Rights, Identification and Emergency Information, Consent for Emergency Medical Treatment, Child's Pre-admission Health History (Parent's Report), Physician's Report, and Immunization Requirements.

(Initials)

(Initials)

Immunization Requirements

Children must be immunized against Polio (3), Measles, Mumps, and Rubella (1), Diphtheria- Pertussis- Tetanus (DPT-4), Hib, Hepatitis B, and Varicella (or give date of the disease). If risk factors have been detected in your preschooler, a TB test will be required. (See attached Physician's form.) Up-to-date immunization records must be presented at the time of enrollment.

(Initials)

(Initials)

Best Practices for Physical Activity

Outdoor play activities will be scheduled **every day** (weather-permitting). Outdoor play is a vital part of a child's day, and important for their total health. We incorporate a minimum of 105 minutes of active play each day. Note: During the school year, sixty minutes of outdoor play is scheduled for the morning session and 45 minutes of outdoor play is scheduled for the afternoon session.

All children who are well enough to be at A+ will be expected to participate in outdoor play activities. Outdoor clothing is a requirement to be a part of the A+ Program. Due to safety and staffing requirements, we are not equipped to provide additional supervision for children when the appropriate outdoor gear is not provided.

During the summer season, please send sunscreen, hat, and an extra set of summer clothes (replenish as needed). Your child needs to wear shoes that protect his/her feet. Flip-flops, sandals, heels, and water socks are unsafe for playground activities. Please send your child with socks and tennis shoes.

During the winter season parents **must** send snow clothes, waterproof boots, gloves, hat, and an extra pairs of socks. Please label winter gear for easy identification. During the winter season, please provide additional shoes for your child to wear in case his/her snow boots are too wet to wear indoors.

In addition to seasonal clothing requirements, we ask all parents to bring an extra change of clothing each day. Please put your child's name inside all clothing/shoes/accessories.

(Initials)

(Initials)

Days and Hours of Operation

Monday through Friday 7:30 a.m. - 5:30 p.m.

(Initials)

(Initials)

School Closing

I understand that A+ Before and After School Program will be closed on various days throughout the year in honor of holidays, as well as for staff trainings and building maintenance. Please visit our website for these dates.

(Initials)

(Initials)

Holidays

We celebrate holidays. If you have any concerns with your child participating in holiday celebrations because of religious beliefs, cultural background, or personal preference, please inform the A+ Director.

(Initials)

(Initials)

Illness

I understand that I will be contacted should my child become ill while at A+. I agree to pick up my child promptly upon such notification. I also understand that my child cannot attend A+ on a day in which he or she is ill. There is no credit, refund, or make-ups given in the event of an illness. If there is a severe illness (of two weeks or more), arrangements may be made at the discretion of the A+ Director.

(Initials)

(Initials)

Communicable Disease

I understand that I must inform A+ within 24 hours, or the next business day after my child or any member of our immediate family has developed any communicable disease. I also understand that life-threatening diseases must be reported immediately.

(Initials)

(Initials)

Sign-In / Sign-Out

California law requires a Sign-In/Sign-Out record. We become responsible when you check your child in, and you resume responsibility when you check your child out. (The person signing your child in or out must be 18 years of age or older and be listed on the approved list of adults designated to pick up your child.) Chronic indifference to proper check-in and check-out procedures jeopardizes your child's continued enrollment. After signing out, your child should remain with you. The staff will sign in students that arrive to the facility by bus or are picked up by an A+ program staff member.

(Initials)

(Initials)

Release of Child(ren)

I understand that my child will be released only to myself, a legal guardian, the other parent (except where prohibited by court order), and to those persons whom I have designated on my transportation agreement. I understand that I must notify A+ if someone other than those listed on the transportation agreement will be picking my child up. That person will be required to show a picture ID.

(Initials)

(Initials)

Emergency Contacts

I understand that I am required to maintain at all times, at least one additional emergency contact other than myself, including his/her full name and phone number. I understand that in the event of an emergency where neither my emergency contact nor myself can be reached, the staff may contact police or other emergency authorities.

(Initials) (Initials)

Change of Information

I understand that during my child's enrollment at A+ Program, it is my responsibility to inform A+ of any changes to information on my child's admission packet. This includes but is not limited to the following information: emergency contact, home address, parent contact information, medical conditions, transportation agreements, liability agreements, and pick-up authorizations.

(Initials) (Initials)

In the Event of an Emergency

In the event of an emergency, if I cannot be reached, A+ has my permission to have my child transported to a local hospital for care. I will not hold A+ or its employees liable. I understand that I am responsible for all expenses incurred.

(Initials) (Initials)

Violent or Unsafe Behavior

I understand that I may be contacted should my child display violent, unsafe, or continually inappropriate behavior. I agree to pick up my child promptly upon such notification.

(Initials) (Initials)

Absences

- If your child is **absent on his/her scheduled days**, you will still be charged.
- Vacations: We hope you and your family are able to go on vacations. When this happens, here are your choices: Pay your regular fees for that time period to maintain your scheduled days or stop your scheduled days at the beginning of the month, and reschedule upon your return (based upon availability).

(Initials) (Initials)

Changes in your Child's Set Schedule

If you wish for your child's schedule to change for the next month, make sure you notify us in writing or through email prior to the first school day of the new month.

(Initials) (Initials)

Drop-ins

Drop-ins are accommodated based on availability. Please do not just show up. You will need to call to see if there is space available for your particular day. **To summarize: no phone call = no drop-in.**

(Initials) (Initials)

Rights of the Licensing Agency

The Department of Social Services licensing department has the authority to inspect, as specified in the Health and Safety Code Sections 1596.852, 1596.853, and 1596.8535, and the authority to interview children attending A+, or A+ staff without prior consent. This authority includes the right to inspect, audit, and copy the child’s records upon demand during normal business hours.

(Initials) (Initials)

Terms of this Admission Agreement

This admission agreement is valid until your child ages out of the program, the child is withdrawn from the program, or the child is terminated from the A+ program.

(Initials) (Initials)

Financial Policies

Registration Fee

I understand that I must submit the one-time, non-refundable, non-transferable registration fee of \$50.00. Upon registration, my child will also receive an A+ Preschool T-Shirt.

(Initials) (Initials)

Rates During the School Year

- Morning Session (7:30-12:30).....\$20.00**
- Afternoon Session (12:30-5:30).....\$20.00**
- Full Day Session (7:30-5:30).....\$35.00**

(Initials) (Initials)

Tuition

Tuition will be billed at the end of the month for scheduled days plus any drop-in days. Parents will be billed based on the number of sessions/days per week that the child has been scheduled. If your child attends any additional sessions, this amount will be added to your bill. Payment is due 15 days after the invoice date. Chronic late payment will lead to dismissal. ***Tuition is subject to change with a month’s advance written notice.***

(Initials) (Initials)

Conditions of Termination

A+ has the right to terminate this agreement if any of the following occurs:

- The child presents a health or safety threat
- Repeated discipline problems
- Lack of parental cooperation
- On-going late pick up
- Inappropriate parental behavior to children, teachers, or staff
- Chronic lack of payment

(Initials) (Initials)

Sunscreen Utilization Permission Form

I agree to apply sunscreen to my child (name above) before dropping him/her off at A+. I also agree to send sunscreen with my child and understand that I am responsible for ensuring A+ staff have enough sunscreen for my child to use for the entire day.

(Initials)

(Initials)

I give permission for staff at A+ to apply a sunscreen product to my child. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms, and legs.

(Initials)

(Initials)

Photo Release

I, (parent's name, please print) _____, give A+/FBCTC the absolute right and permission to use my child's photograph(s) in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ads, electronic media (e.g., video, internet, etc.), or other forms of promotion. I release A+/FBCTC from liability for any violation of any personal right I may have in connection with such use. I understand that my child's name and/or address will not be published in any form.

Parent/Guardian Signature: _____

Waiver Of Claims & Indemnity Agreement

I give my permission for my child(ren) to go on field trips with transportation provided by First Baptist Church of Tahoe City and its staff. I am aware of the nature of the activity(ies) for which my child(ren) is participating in at First Baptist Church Tahoe City children's programs (including but not limited to Big A Club, A+ Program, Before and After School Program, Big A, PNO, MMO and Preschool Program) and understand that accidents and injuries may occur as a result of participation in said activity(ies). I hereby waive any claims against, and agree to release and discharge in advance First Baptist Church of Tahoe City, its council, members, volunteers and employees from any and all liability for personal injury, death, or property damage my child(ren) may have, or which may hereafter accrue my child(ren) as a result of such participation, even though that liability may arise out of First Baptist Church Tahoe City or its employee's negligence or carelessness. I further agree that this waiver, release and assumption of risk is to be binding upon my and my child(ren)'s heirs and assigns. I also hereby agree to indemnify and hold the entity and persons mentioned above harmless against all claims, damages, losses and expenses, including attorneys' fees, which they may incur as a result of my child(ren)'s participation in the program(s).

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN FIRST BAPTIST CHURCH TAHOE CITY AND ME, AND I SIGN IT OF MY FREE WILL. CONTRACT VALID UNTIL MY CHILD AGES OUT OF THE PROGRAM OR IS TERMINATED FROM THE PROGRAM.

Parent/Guardian Signature: _____

Date _____

Final Agreement

I have read, understand, and will comply with the policies and procedures included in this Admission Agreement and in the School Age Parent Handbook (available for download at www.fbctahoe.com).

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Program Director and Licensing Information

We are fully licensed by the State of California
License Number – 313 609 613
A+ Program

P.O. Box 7452
390 Fairway Drive
Tahoe City, CA 96145
A+ Office – 530.583.1534
Church – 530.583.7458
Fax – 530.583.9071
Website- www.fbctahoe.com

A+ Director
Jayme Blanton
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