



Important information for my first day...

Your child is beginning school and this is an exciting time for him/her. He/She will begin to learn new skills and make new friends. There are a few things you can do to help prepare your child for the transition to the center.

Please talk with him this weekend about his/her new class. Make sure you tell your child all of the new things he will be doing and how proud of him you are. Tell him/her that his new teachers are excited about him coming to their class and that they love him

Each child has a cubby and a coat hook with his or her name on it. When arriving help him find his hanger and new cubby so he can put away his belongings. Make sure to point out his name next to the hooks each day. Looking at his name everyday helps your child begin to understand letter and word concepts. Make sure you point out all of the toys, pictures and art work. Reassure your child that they will have fun and that you will return "after naptime" or "after the afternoon recess".

Our schedule may be different than the one he/she is used to and naptime adjustments may take a couple of weeks. It may be helpful for you to put your child to bed earlier during this adjustment period. Your child may be apprehensive about coming and his appetite may be less than normal for the first week. All of these things are normal and should pass within a short time. Please talk with your child and let them know that you feel this is a safe and fun place for him or her.

Your child will need to bring a change of clothes, a blanket and diapers to school each day. Please make sure all of his/her belongings are well labeled. Toys frequently get broken and lost so please do not allow your child to bring toys to the center unless it is *Show N' Tell Day*.

Your child has a sign in folder at the information counter. All folders are in alphabetical order. Please sign your child in and out each day. We will also place bills, newsletters and other items that need communicated in this folder.

Please remember that all payments are due on Tuesday of each week. If you need to make other arrangements please let me know. The payment box is on the wall across from the bathrooms.

It is our desire to make this transition as smoothly as possible for both you and your child. If you have any questions or concerns please feel free to come and talk with me or see your child's teacher.

Sincerely,
Lorena Brown
Director

16707 13th Ave W
Lynnwood, WA 98037

Phone: 425-745-4575
Fax: 425-742-1522
Email: pccp@ctrf.com



Child's Schedule Special Interests

The following information about your child's needs, routine and activities will help us give your child the best possible care. If a question does not apply please write N/A (not applicable)

Child's Name: DOB:	Mom: Dad:
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Eating:

Food Like and Dislike: _____

Does your child take a bottle or use a pacifier: _____

Food Allergies: _____

Sleeping:

Please describe your child's fussy time, if any _____

Please describe any special circumstances or needs (i.e.: stuffed animals, story, mood on waking, etc.)

Does your child sleep in a crib? _____ Bed? _____

Toileting:

Is your child toilet trained? _____

Allergies: Does your child have any allergies (food, medications, insects, etc.)? If yes, is there any special care needed? Also, please indicate specific instructions for the provider regarding your child's allergies.

Did you fill out the *Allergy/Asthma Health Care Plan*? _____

Play:

Favorite activities indoors: _____

Outdoors: _____

Fears: Please describe any fears your child may have _____

Child Guidance: Please describe the steps you take in managing your child's behavior at home:

Special Needs: Please describe any special medical, physical, or emotional needs your child may have:

Does your child attend elementary school? If so, which one? _____

Add any information about your child which you feel would help the provider in caring for your child:

Enrollment Application

First day of enrollment: _____ Last day of enrollment: _____

Childs Name: _____ Male ___ Female ___ DOB: _____

How did you hear about us? Newspaper Internet Word of Mouth Other _____

Child's Address: _____ City: _____ Zip: _____

Are BOTH parents allowed to pick up your child? (circle one) **YES** **NO**

Name of parent/person not allowed to pick up: _____ Relationship to child: _____

Description of parent/person not allowed to pick up: _____

Restraining order is in effect: **YES** **NO** I have a PARENTING PLAN on file: **YES** **NO**

My child has **FOOD ALLERGIES:** **YES** **NO** I have attached a **DOCTORS NOTE:** **YES** **NO**

My child has **ASTHMA:** **YES** **NO** I have attached an **ASTHMA PLAN:** **YES** **NO**

Mom/Guardian Resides in Home: **YES** **NO** Marital Status: _____ DOB _____

Mom's Name: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

Home Address: _____ City: _____ Zip: _____

Work Address: _____ Email Address: _____

Dad/Guardian Resides in Home: **YES** **NO** Marital Status: _____ DOB _____

Dads Name: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

Home Address: _____ City: _____ Zip: _____

Work Address: _____ Email Address: _____

Emergency Contact #1 (Do not include parents on this list)

Emergency Contacts MUST be allowed to pickup if we are not able to reach Mom or Dad.

Name: _____ **Relationship to child:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Pager:** _____

If Mom and Dad cannot be reached this person has my permission to pick up my child: **YES** **NO**

Emergency Contact #1 (Do not include parents on this list)

Emergency Contacts MUST be allowed to pickup if we are not able to reach Mom or Dad.

Name: _____ **Relationship to child:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Pager:** _____

If Mom and Dad cannot be reached this person has my permission to pick up my child: **YES** **NO**

Authorized Pickup #1 (Do not include parents on this list)	
Name: _____	Relationship to child: _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Pager: _____
If I cannot be reached contact this person for emergency care: YES NO	
This person has my permission to pickup my child: YES NO	
Authorized Pickup #2 (Do not include parents on this list)	
Name: _____	Relationship to child: _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Pager: _____
If I cannot be reached contact this person for emergency care: YES NO	
This person has my permission to pickup my child: YES NO	
Authorized Pickup #3 (Do not include parents on this list)	
Name: _____	Relationship to child: _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Pager: _____
If I cannot be reached contact this person for emergency care: YES NO	
This person has my permission to pickup my child: YES NO	

Agreement Verification

I certify I have read and understand this Enrollment application and the Program Agreement. I have read and understand the content of the *Parent Handbook* which includes the *Financial Agreement, Pesticide Policy, Emergency Procedures* and *Health and Security Policies*. I agree to follow all policies and procedures.

Mother's Signature: _____ **Date:** _____

Father's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: (Mark all returned/discussed items)					
Immunizations: _____	Backup Agreement: _____	Asthma Plan: _____	Medical Release: _____	Sunscreen Form _____	Vacations: _____
Discipline Policy: _____	Restraining Order: _____	Allergy Plan _____	Medical History: _____	Program Agreement: _____	Hours: _____
Late Pick up policy: _____	Dis-enrollment: _____	NSF/Late Fees: _____	Immunizations: _____	Food Program Form: _____	DSHS: _____
Billing Method: _____	Person responsible for bill: _____		Registration Fee: \$ _____	Check #: _____	
Class Assigned to: _____	Information Form Printed: _____		File Created _____	Folder: _____	
Director's Signature: _____			Date: _____		

Precious Child Care & Preschool Program Financial Agreement

Please choose one of the Program Options below:

Preschool plus Daycare: Circle One

Option 1:	6:30 am to 4:30 pm	Circle Days:	M	T	W	Th	F
Option 2:	7:00 am to 5:00 pm	Circle Days:	M	T	W	Th	F
Option 3:	8:00 am to 6:00 pm	Circle Days:	M	T	W	Th	F
Option 4:	8:30 am to 6:30 pm	Circle Days:	M	T	W	Th	F
Option 5:	_____	Circle Days:	M	T	W	Th	F

Before Elementary School: **AM Arrival Time:** _____
After Elementary School: **PM Arrival Time:** _____

Billing Method: Circle One

- Option 1:** Monthly on the 1st of the month
- Option 2:** Weekly on Tuesdays

Person responsible for bill: _____

*If the option you need is not listed please choose the option that will best suit your needs. State law mandates that children can only be in child care for 10 hours a day. If you need to have your children here longer please see Leaha so we can request a waiver from licensing.

FINANCIAL POLICY

Tuition fee is to be paid on a weekly or monthly basis. All tuition payments are due in advance and are due and payable on Tuesday of each week. If you pay monthly it is due on the first of the month. A late charge of \$20 will be assessed after the first of the month if you pay monthly and on Wednesdays if you pay weekly. A charge of \$35 will be assessed on any check returned by the bank. The registration fee is due upon registration. Any account which becomes 1 day delinquent will result in the suspension of the student(s) until the account is paid, unless special arrangements are made by the school administration or governing board.

A 5% reduction in tuition is given when the entire monthly tuition is paid in advance by the first day of the month. If payment is not received on the first the 5% reduction will be removed from your account. Parents with more than one child enrolled in the Preschool will receive a 10% discount. Registration and Emergency Kit fees are non-refundable. Emergency kits will not be returned to you when you disenroll. Any additional payments such as "Late Charges", Extra Daycare", Etc. will be billed. For a complete list of charges please refer to the *Parent Handbook*. Checks should be made payable to PCCP.

If you change your Child Care Option there will be a \$10.00 processing fee, and a form to fill out and submit. A new payment schedule will be sent to you with the new amount on it.

OVERTIME CHARGES

There will be an overtime charge for children not picked up at their regular dismissal time. Consistent lateness may result in dis-enrollment.

First Violation	\$15 for the first five minutes and \$2.00 per minute thereafter
Second Violation	\$25 for the first five minutes and \$2.00 per minute thereafter
Third Violation	Dis-enrollment

REFUND POLICY

Once parents make a commitment to the school, staffing and materials are prepared for the year to meet the students’ needs. Therefore, refunds are limited in order to meet our commitments.

*The Preschool registration and Emergency Kit fee is non-refundable. Emergency Kits will not be returned.

TERMINATION OF ENROLLMENT

The parent shall give a *written two week* notice before dropping their child from the program. Those terminating enrollment without notice will not qualify for tuition refunds and are liable for the months tuition

FACILITY OPERATIONS

Sign-in and sign-out process: Every child must be signed in by an adult and then brought to their teacher or the opening classroom. Make sure you see the teacher and the teacher sees you. Each child has a sign-in sheet which is located in the three ring binders at the information desk. The adult signing the child in will need to sign their full legal name and the time they arrive next to the appropriate date. Please do not use “Mom” “Dad” or first names only. The same procedure is used to sign the child out. The child must be signed in and out each time they arrive or leave the premises. The sign-in and sign out sheets are legal documents and signatures are required by licensing.

Only those authorized in writing by the parent will be allowed to take the child from the facility. It is our policy not to release a child to the custody of any person who is under the influence of drugs or alcohol when they arrive to pick up the child. An alternative person will be contacted. If a person is not familiar to a staff member, a state or federally issued picture ID will be required before release. Prepare any person picking up your child for this procedure. This is done for the safety of your child.

Our curriculum starts at 9:00 am every day, and we feel it is very important that your child is part of that learning time. 10:00 am is the latest a child can be dropped off at PCCP. Anytime after 10:00 am the child has missed too much of the day’s activities to make a smooth transition into lunch time and nap.

QUESTIONS AND CONCERNS

It is our desire to work as a team with parents in the care of their child. We consider it a great privilege and responsibility to care for your child. If you have any questions or concerns the Director or Program Supervisor will be happy to talk with you. Please feel free to call and set up an appointment.

ACKNOWLEDGEMENT OF UNDERSTANDING AND AGREEMENT

We/I undersigned have read and agree to the conditions of this “Program Admission Agreement”

We/I undersigned agree to the admission of (children’s Name) _____
to Precious Child Care & Preschool.

Parent/Child Representative-Guardian

Date

Parent/Child Representative-Guardian

Date

Dis-Enrollment Policy

The good of every child in our day care must be considered in our administrative policies. We would like you as a parent to know as you enroll your child in our day care that we are vitally concerned with the safety and well being of all children in the day care.

All children have good and bad days and there are challenging times for parents and day care providers in managing a child's behavior. At Precious Child Care & Preschool we will make every attempt to redirect difficult behavior in the most effective manner possible. Our normal approach would be as follows:

1. Extra one-on-one attention from a teacher or assistant before the child has the opportunity to become distraught or out of control.
2. We will attempt to correct the behavior verbally...*"Tommy, please do not throw the toys across the room. Let's try walking over to the basket and placing it gently in the bin instead."*
3. Short *Time Outs* to regain control.
4. If needed, the Director or Program Supervisor will be asked to talk with the child and they will have a short *Time Out* in the office.
5. If step three and four is needed an "OOPS...I got caught" form will be sent home explaining the incident and the action that was taken. This form is to be signed and returned to the Director and is used to enlist your help in observing and correcting your child's behavior.

If a child is unable to gain control and requires more individual attention than can be given within child-to-staff ratios, you may be asked to come and pick up your child immediately as you would if your child was ill. Repeated uncontrollable behavior can result in a suspension or dis-enrollment.

This day care is well staffed and equipped to deal with normal behaviors and requirements. However, we are not set up to provide intensive measures required for severe problems. Therefore behavior that is violent, physically harmful to staff, other children or property or is consistently disruptive to normal day care operations **may** result in immediate dis-enrollment. This would include but is not limited to severe biting, hitting, kicking and sexual behavior that is not age-appropriate or is abusive to other children or staff. The Board of Directors reserves the right to determine if the child should be re-enrolled if it can be demonstrated that the inappropriate behavior has changed.

_____ Date _____
Parent Signature

Back-up Plan

At times it may be impossible for you to pick up your child before 6:30pm. This causes a hardship on the center and your child. In order to insure your child is given the best care possible and goes home on time please fill out the form below. It is your responsibility to call you back up person when you are unable to be here before 6:30pm. If you are unable to be here before 6:30 pm you will be charged \$15.00 for the first five minutes and \$2.00 every minute after.

Back Up Person

Phone Number

Childhood Health History

Child's Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:	Date of child's last physical:
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Child's Health History

Name of Doctor/Clinic:	City/State:	Phone Number:
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Were there any Significant problems during pregnancy or birth? If yes, please explain.

Has your child had surgery or been hospitalized? If yes, please explain.

Medication

Does your child take medication on a regular basis? If yes, please explain.

Name of medication(s), dosage and when taken:

Has your child had any of the following:

Age of child or date of incident

Asthma	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Other breathing problems	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Seizures or other neurological problems	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Heart or other cardiovascular problems	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Bladder or urinary tract problems	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Bowel or other GI problems	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Bone or joint problems	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Eczema or skin problems	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Frequent ear infections or tubes	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Other ear, nose or throat problems	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Tuberculosis exposure	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Chicken Pox or vaccination for such	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Diabetes or other endocrine problems	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Injury or abuse	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:
Car sickness	<input type="radio"/> No	<input type="radio"/> Yes,	Describe:

Other:

Allergy History

Does your child have allergies or reactions to food, medicine, insects, animals or other substances? <input type="checkbox"/> Yes <input type="checkbox"/> No – Skip to			
Allergy Chart Note: If your child has a food or milk allergy we must have written documentation of the allergy form the doctor. For milk allergies, the doctor must also name a substitute for the milk.			
Do you keep epinephrine (epi-pen) available at home for your child’s allergy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List each allergy or food separately	Briefly describe child’s reaction and/or check symptoms	Potential Severe Reaction *	Doctor/Date of Diagnosis
	<input type="checkbox"/> Hives <input type="checkbox"/> Wheezing <input type="checkbox"/> Runny Nose <input type="checkbox"/> Shortness of Breath		
	<input type="checkbox"/> Hives <input type="checkbox"/> Wheezing <input type="checkbox"/> Runny Nose <input type="checkbox"/> Shortness of Breath		
	<input type="checkbox"/> Hives <input type="checkbox"/> Wheezing <input type="checkbox"/> Runny Nose <input type="checkbox"/> Shortness of Breath		

***If the allergy has the potential to be severe, the child’s health care provider must complete a medical statement and an allergy care plan must be completed before enrollment.**

We at PCCP want to make sure that the children in our care are safe. We will consider each child’s allergy on a case-by-case basis. We then meet with staff and parents to decide how best to manage. For milder allergies limited substitutions may be considered. In some cases where there is a severe allergy the parents will need to be fully responsible providing all of the child’s food including: breakfast, both snacks and lunch. All food must be ready to serve and not need to be heated, and be clearly labeled with your child’s name and when to serve it. We believe it best not to make any exceptions. We still cannot guarantee that we will be able to keep your child 100% allergen free. *A liability waver guarantee must be signed by both parents for all children with food allergies.*

Liability Waiver

Please read carefully. By signing this Liability Waiver you are releasing important legal rights. By signing below you are indicating that you have read carefully and understand the contents of this Liability Waiver.

While every precaution is taken for the safety of the children, PCCP cannot guarantee that we are an allergen free facility. We cannot guarantee that the foods we use have not been processed in the same area as foods such as peanuts, eggs, dairy and any other allergen type foods.

I understand and accept these risks and agree to release PCCP, it’s employees and directors (the “Releasees”) from any and all actions, causes of action, claims and demands of any kind whatsoever, resulting from or arising out of any loss, injury, or damage to person or property suffered or sustained either directly or indirectly through PCCP services, notwithstanding that any such injury or loss may have arisen by reason of the negligence of the Releasees.

Signature: _____ Date: _____

Name (Printed) _____

Signature: _____ Date: _____

Name (Printed) _____

Dental History

Name of dentist:	City/State:	Phone Number:
How would you rate your child's dental health? <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Bad		
Has your child ever had an injury to the teeth or gums? <input type="radio"/> Yes <input type="radio"/> No, please explain:		
Is there fluoride in the water at your home, or is your child taking a prescribed fluoride supplement? <input type="radio"/> Yes <input type="radio"/> No		

Parental Concerns

Do you have any concerns about your child's vision? <input type="radio"/> No <input type="radio"/> Yes, please describe:
Do you have any concerns about your child's hearing? <input type="radio"/> No <input type="radio"/> Yes, please describe:
Do you have any concerns about your child's speech? <input type="radio"/> No <input type="radio"/> Yes, please describe:
Do you have any concerns about your child's behavior? <input type="radio"/> No <input type="radio"/> Yes, please describe:
Do you have any concerns about your child's development? <input type="radio"/> No <input type="radio"/> Yes, please describe:
Do you have any concerns about your child? <input type="radio"/> No <input type="radio"/> Yes, please describe:

Medical Emergency Treatment for all Students

I hereby give my permission for Precious Child Care & Preschool to authorize any and all medical treatment deemed necessary for my child, _____. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health.

Emergency Contact Person 1:	Phone Number:	Cell Phone:
Emergency Contact Person 1:	Phone Number:	Cell Phone:
Emergency Contact Person 1:	Phone Number:	Cell Phone:

Parent/Guardian Signature

Date

Field Trip Permission Slip

I, _____ hereby give Precious Child Care & Preschool permission to take my child _____ off the premises for all field trips and outings.

By signing this form, I am allowing my child to be taken off of the child care premises for field trips and outings. I understand that all fieldtrips and outings are posted in the Precious Child Care & Preschool Monthly Newsletter and/or a flyer will be posted at the information desk. All field trips are subject to change without notification. I understand that my child **will** go on all field trips and outings unless I notify the center in writing that they cannot participate.

Parent/Guardian Signature

Date