Assigned	Class:	
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(Preschoolers Achieving Life Skills)

1625 Lynn Garden Dr. Kingsport, TN 37665

Application for Enrollment		Date:			
Child's Full Name:			Male or Female		
Name Called:	Date of Birth:				
Parent's Names (Father & Mot	her):				
Address:	City	State	Zip Code		
Home Phone:	Cell Phone:	Work Phone:			
Email:					
Father's Occupation:		_ Telephone:			
Mother's Occupation:	Telephone:				
Church Preference:					
	p my child:				
Emergency Information:					
Physician:		Telephone:			
Person authorized to act for paren	t in case of emergency:				
		Telephone:			
Emergency Contacts if Parent/G	uardian cannot be reached:				
Name:	Name:_				
Home Phone:	Home P	Phone:			
Work Phone:	Work P	hone:			
Cell:	Cell:				

HIGHER GROUND BAPTIST CHURCH Playhouse P.A.L.S. (Preschoolers Achieving Life Skills)

Physical Information	:
Allergies:	
Medications:	
Other children in the h	nome (Names & ages):
Other adults in the hor	me (Names & Relationships):
What fears does your	child have?
Has your child had pro	evious group experience?
	Where?
Are there any areas w	here you have special concerns?
Is there any further info	ormation that might be helpful in understanding your child?
	of your child below as of August 15 th . Your child <u>must</u> be the age marked below by <u>August</u> or child to be placed in the proper class to help prepare your child for kindergarten.
1 year old	3 year old *toilet training required
2 year old	4 year old *toilet training required
Example: If your ch	ild turns 2 on or before August 15th, they will be placed in the 2 year old classroom, and so on.
*Immunizations:	Required before a child is accepted for group care.
	*Please provide a copy of your child's current immunization record
	along with this application

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Tuition Contract & Monthly Fees

Tuition:	
\$190 per month for 1st child	
\$135 per month for 2 nd child	
\$125 per month for 3 rd child or more	
Tuition is due by the 15th of each month. *No refu	nds in case of absences.
A registration fee of \$50.00 must accompany this application. Paid \$	Date
"Early Bird Special" price of \$35.00 for those registered prior to May 31st. (Re	egistration fees are non-refundable)
There is a \$25.00 supply/book fee, in addition to the registration fee.	
Paid \$Date	
Book fees are due at time of Registration as well. (Book fees are non-refunda	able)
For school use only: Approved	Date:

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POLICY STATEMENT

- 1. Playhouse Pals will be open from 9:00 am to 2:00 pm Tuesday and Thursday. Children cannot be accepted earlier or kept later. In case of an emergency, please call PHP to notify us for child to remain past closing time. A late fee will be imposed for children kept after the center is closed. The late fee is as follows: \$1.00 per minute after 2:10.
- 2. A child may not remain at the center if he/she is thought to be sick. Please see the Well Child Policy attached. A child should remain at home if he/she has had a temp above 100 degrees for at least 48 hours without preventative medications such as Tylenol or Motrin.
- 3. All enrollment forms for the child must be completed by the parent and a current immunization record signed by a health care provider must accompany the child on admission. Each child must receive all immunizations at entry unless there is a medical reason certified by a health care provider why these immunizations should not be made.
- 4. If a child becomes sick during the day, a parent will be called to come and take him/her home. Sick children cannot be cared for at the center. Parents will be called if child's temp is above 100.
- 5. If a child must be given medication by the center staff, the director must be informed. Each medication must be clearly labeled with the child's name. A note must be attached with clear instructions for giving the medication.
- 6. Parents will be promptly notified of the occurrence of a communicable disease among the center's children.
- 7. Parents must fill out an authorization form that gives persons other than the parent permission to pick up children. No children will be released without a proper child restraint seat.

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- 8. (a) Parents will be responsible to provide child's snack with a drink and lunch with a drink. (b) Children should not bring gum, candy, money **or toys** to the center. (c) Children should eat breakfast **before** they arrive.
- 9. Each child must have a change of clothing, in a gallon sized ziploc bag, clearly labeled with his/her name, to be left at the center or kept in their backpack for emergencies.
- 10. Outdoor play is an important part of our program. Please see that your child is dressed appropriately to play outside, except in extremely bad weather.
- 11. Parents are to notify PHP of any change in work, home, or cell phone numbers or addresses in order to reach you in an emergency.
- 12. If there is a child-custody conflict involved with your child, it is your responsibility to give specific instructions to the PHP Director.
- 13. Each class will receive a short supply list of items needed for the school year. If for any reason children do not finish the year, supplies are non-refundable.
- 14. Tuition is as follows: **Full Time**: \$190 per month for 1st child; \$135 per month for 2nd child; 125 per month for 3rd child
- 15. Playhouse Pals program is not licensed and is not required to be licensed by the state as a child care agency.

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TERMINATION POLICY

Playhouse Pals reserves the right to terminate the care for your child should the following occurs:

Non-payment of tuition, any behavior problem that is beyond our control and is compromising the safety and well-being of the others, or any reason we find necessary.

GOOD HEALTH POLICY

Keep Your Child At Home If He or She Has:

- A Temperature of 100° or higher. Keep the child home until the temperature has been normal for 48 hours, without the use of preventative medications such as Tylenol or Ibuprofen.
- Severe cold with sneezing and excessive nose drainage or if child has any colored drainage.
- Diarrhea (2 or more loose watery stools in 8 hours). The child must be free from symptoms at least 48 hours before returning to school.
- Vomiting (more than usual "spitting up"). The child must be free from symptoms at least 48 hours before returning to school.
- **Rashes** that have not been diagnosed by a physician.
- **Impetigo,** a skin infection consisting of blisters surrounded by reddened area. When the blisters break, the surface becomes raw, weeps, and oozes. The lesions eventually become crusted and yellowish.
- Conjunctivitis, an eye infection commonly referred to as "pink eye." The eye is generally red with some burning, and there may be a thick yellow drainage. Treatment must be in progress for 48 hours before the child may return.
- **Bronchitis,** which can begin with hoarseness, cough, and a slight elevation in temperature. The cough may be dry and painful, and then becomes loose.
- Any of the usual childhood **contagious diseases.** Some of these are: measles, mumps, rubella ("German Measles"), chicken pox and roseola.
- **Herpes infection** (fever blisters) blisters in the mouth or on the lips, often at the site of broken skin. Infections are usually mild, but can become very painful and make eating difficult for the child.
- **Strep throat:** If the doctor diagnoses a strep throat infection and places your child on an antibiotic medication, the child should not be brought into the Center until he/she has had medications for at least 48 hours.

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- If a child seems really sick without obvious symptoms, please do not bring him/her to PHP. If your child has a contagious virus not listed above, you must keep the child home.
- If your child is being treated with antibiotics, he/she should be on the drug at least 48 hours before returning to PHP.
- If you or your child has been exposed to anyone with COVID-19 or has any symptoms of COVID-19, we ask that you keep your child at home for 10 days, or until you have a confirmed negative test.

Closures for weather or sicknesses will be at the discretion of the director of PH	P.			
By helping us observe good health standards, you will be protecting your child a	and the other children at PHP.			
I have received a copy of the <i>Policy Statements</i> , and I agree to abide by all policies and procedures set forth.				
Name of Child:				
Signature of Parent/Guardian	Date			