

STUDENT ORIENTATION/REGISTRATION PACKET

- _____ Parent Guardian contract
- _____ Registration form
- _____ Emergency Information form
- _____ Certificate of immunization form
- _____ New student form
- _____ Registration fee (\$50.00) per child
- _____ Deposit fee (\$500.00) and its explanation,
(two signed copies need to be on file)
- _____ Tour of the building
- _____ Introduction of all staff members
- _____ Holidays that the center is closed
- _____ Brochure
- _____ Emergency kit
- _____ Emergency procedures
- _____ Health care policies
- _____ Sign in sign out sheets
- _____ Permission sheet
- _____ Late fee statement and explanation (2
copies, one for the family and one for the child's file)
- _____ Termination of services policy and
procedure
- _____ After hours childcare policy
- _____ Letter from the church Pastor

**GREEN LAKE PRESCHOOL & CHILD-CARE CENTER
PARENT/GUARDIAN CONTRACT**

1. I have reviewed the orientation packet, parent handbook, and completed all of the registration forms, including emergency authorizations and immunization forms. I have read these documents and understand their contents. I agree to abide by the policies, terms and conditions expressed in these documents and give Green Lake Preschool & Child-Care Center and its staff permission to act on my behalf in the care of my child/children.

2. Attached to this contract is my \$500.00 deposit fee (ck# _____) which is refundable upon giving the center a two-week written notice of removing my child/children from the center and after being enrolled at the center 6 months or longer. Also enclosed is a registration fee of \$50.00 for each child (ck# _____) which is non-refundable. Green Lake Preschool cannot accept or hold a spot until fees are paid in full.

3. I agree to pay tuition fees in full on the first day of the month or as otherwise noted below by the Center Director. I understand a finance charge will be added to my account after the 5th day of each month until all fees and tuition are paid in full.
_____(Initial)

4. My child will be at the center between _____(time) and _____ on M/T/W/TH/F.

Parent guardian signatures _____
date _____

The policies, procedures and programs of the Green Lake Preschool and Child-Care Center have been reviewed and explained to the individuals indicated on page 1.

_____ with no exceptions

_____ with the following exceptions and or revisions: _____

Director Signature _____ Date _____

REGISTRATION

Child's first name	Middle	Nickname	D/O/B	M/F
--------------------	--------	----------	-------	-----

Child's address	City	Zip code	Telephone
-----------------	------	----------	-----------

Parent/Guardian name_____

Home address	City	Zip code	Telephone
--------------	------	----------	-----------

Parent/Guardian e-mail address_____

Parent/Guardian name_____

Home address	City	Zip code	Telephone
--------------	------	----------	-----------

Parent/Guardian e-mail address_____

1) Daytime address/parent guardian_____

2) Daytime address/parent/guardian_____

With whom does the child live?_____

EMERGENCY NOTIFICATION AND RELEASE INFORMATION

Persons to contact in case of an emergency and persons authorized to pickup child from the center.

Name:	Address:	Telephone:	Relationship to child:
-------	----------	------------	------------------------

Name:	Address:	Telephone:	Relationship to child:
-------	----------	------------	------------------------

Name:	Address:	Telephone:	Relationship to child:
-------	----------	------------	------------------------

Parent/Guardian Signature

3.

EMERGENCY AND MEDICAL INFORMATION

Child's name

Blood type

Birthday

Allergies to food or drugs (including reactions and treatment)

Other pertinent information

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I _____ (parent/guardian) hereby give permission that my child/children, _____

May be give emergency treatment to include first aid and CPR by a qualified child-care staff member at Green Lake Preschool and Child-Care Center.

In the event that I cannot be contacted in an emergency, I further authorize and consent to medical, surgical and hospital care treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I understand and accept that:

- 1) Any expenses incurred under the above conditions will be born by the child's family.
- 2) The center will not be responsible for anything that has happened as a result of false information given at the time of enrollment.
- 3) The center will not assume responsibility for a child who has not been signed in properly when she/he arrives.

Parent/guardian signatures

Date

4.

OTHER HEALTH INFORMATION

1. Present health history (disabilities, medication taken)

2. Past health history(including common childhood diseases)

3. Tested for: hearing:_____ date:_____ speech:_____ date: _____ vision:_____

4. Name of child's physician address telephone

1. Physical examination required on a yearly basis, unless child is under regular medical supervision.

a) Is your child under regular medical supervision?_____

b) Indicate the date the child was last seen by physician_____

c) Chronic illnesses_____

Name of insurance coverage

group and or membership number

Employer insured

Parent/guardian work phone

home phone

Parent/guardian work phone

home phone

GETTING TO KNOW YOUR CHILD

Favorite games or activities

Is your child toilet trained? _____ What words does he/she use

for toilet? _____

How does your child express anger or frustration?

5.

Does your child have any special fears? Please explain _____

When your child is upset, what works for her/him?

How do you discipline your child?

What does your child/children like to eat?

How does your child go down for a nap? What techniques do you use to comfort him/her?

GREEN LAKE PRESCHOOL & CHILDCARE PERMISSION SHEET

PERMISSION FOR MEDICATION

WAC 170-295-3060 (Washington Administrative Code)

Parents must give written consent before you give any child any medication.

The parent's written consent must include:

- Child's first and last name
- Name of medication
- Reason for giving medication
- Amount of medication to give
- How to give the medication (route)
- How often to give the medication
- Start and stop dates
- Expected side effects, and
- How to store the medication consistent with directions on the medication label.

The parent consent form is good for the number of days stated on the medication bottle for prescriptions. You may not give medication past the days prescribed on the medication bottle even if there is medication left.

You may give the following non-prescription medications with written parent consent if the medication bottle label states how much medication to give based on the child's age and weight:

6.

- Antihistamines
- Non-aspirin fever reducers/pain relievers
- Non-narcotic cough suppressants
- n Decongestants
- n Ointments or lotions intended to reduce or stop itching or dry skin
- n Diaper ointments and non-talc powders intended only for use in the diaper area, and
- Sunscreen for children over six months of age.

All other over the counter medications must have written directions from a health care provider with prescriptive authority before giving the medication.

EQUIPMENT AND PARTICIPATION

I hereby grant permission for my child to use all of the equipment and participate in all of the activities of our center. In addition, I grant permission for my child to be included in evaluations and pictures/videos, Internet photo sites, connected with the school program.

Print child's name

Parent/Guardian signature

Date

EXCURSIONS & FIELD TRIPS

I hereby authorize staff members from the center to escort my child in on-going excursions as a part of the regular activities in the child-care program to the following places: Green Lake, Green Lake Elementary School, and in the general neighborhood area. I understand that I may not be notified in advance that such an activity is taking place. I authorize my child to participate in planned transportation of an insured vehicle or city transit when on pre-planned field trips.

Print child's name

Parent/Guardian signature

Date

LATE FEE STATEMENT

We want to encourage parents/guardians to develop a standard time to pick up their child/children, who look forward to seeing their parent/guardians at the end of the day. We understand that at times parents/guardians can be late. In an effort to pay our staff's overtime, and their own child's late fee from child-care, a late fee will be added to the monthly statement.

7.

The late fee is according to the clock in the Pooh Bear room and is assessed as follows:

Time:	6:00 to 6:15	Fee: \$40.00
	6:16 to 6:30	Fee: \$55.00
	6:31 to 6:45	Fee: \$ 70.00
	6:46 to 7:00	Fee: \$85.00

I have read the above late fee statement: Signature of parent/guardian

GREEN LAKE PRESCHOOL & CHILDCARE POLICY AND PROCEDURES FOR TERMINATION OF SERVICES

Policy:

Green Lake Preschool and Childcare seeks a partnership between staff and families as a basis for the success of each enrolled child. We recognize that each family has certain expectations for the care of their child, and we make every effort to support these expectations in the context of our developmentally-appropriate group care program. We strive to be open and flexible to the needs of families as a means of promoting and achieving our child-centered philosophy of care. However, on occasion, a parent, guardian or enrolled child's actions or requests may warrant the need to find a more suitable setting for the child. The decision to remove a family from the center is difficult for center staff, administrator and family. In all cases, our goal is to act quickly, thoughtfully, and thoroughly to address and resolve concerns relating to all of our families.

Procedure:

Reasons for termination of services are as follows:

- The parent or guardian fails to abide by Green Lake Preschool Polices (as written in the Parent handbook) or those requirements imposed and mandated by child care licensing or the public health department.

- The parent or guardian demands special services which are not provided to other children and which cannot reasonably be delivered by the program including requests that are outside the philosophy of the program.
- If the family/guardian fails to pay tuition in a timely manner. Tuition is due by the 5th of each month. This is in accordance to the Parent Handbook. If families, guardians need to make special payment arrangements this must be done with the consent of the Director.
- If families, or guardians are chronically late in picking up their children. The center closes at 6:00 p.m.
 1. This does not include children with special health care needs who can be accommodated within the program.
 2. This does include children with special health care needs that are so great that the program cannot safely accommodate them.
- A parent, guardian or child is physically abusive to center staff, administrator, other children or anyone else at the center.

Process of termination of services:

1. The Director will schedule a meeting with the parents or guardians and the staff involved with this child and family.
 - a. At this meeting, the concern (s) will be clearly stated, the issues and problems surrounding the concern (s) will be discussed and a plan will be developed, in collaboration between the center and parents or guardians.
 - b. Additional outside support such as mental health counselors, physical therapists etc. may be brought in to support the family/guardian and center staff and administration.
2. The Director will write up a summary of the meeting, detailing the proposed plan of action, and note the date for a follow-up meeting with the parent or guardian within a two week time frame.
 - a. A copy of this summary and plan of action will be given to the parent or guardian, a copy will be reviewed with the staff involved with this child, and a copy will be placed in the child's file.
3. During the two week time period (between the meeting and the follow up meeting), the Director will check in frequently with the family and the staff to see how the implementation of the plan is going.

4. At the follow-up meeting, if the same issues continue to be present, the Director in collaboration with the staff and the family will determine if more effort should be made toward a resolution. If it is determined, that the concern is more severe than the center and staff are capable of handling, the meeting will focus on a plan of disenrolling the family from the center. Every effort will be made to give the family a reasonable time frame to make other child care arrangements.
5. Following the meeting, the Director will provide written notice with the final state of attendance for the child.
6. Violence or any threat of violence, from a family member or child towards anyone affiliated with the center will result in immediate termination of services.

I have read the above termination of services policy

Signature of
parent/guardian