

**APPLICATION FOR ADMISSION AND SERVICE CONTRACT
THE LEARNING CENTER PRESCHOOL**

Student's Name _____ Sex _____ D.O.B. _____

Enrollment Date _____ Program _____

Student's Local Address _____

Mother's Name _____ Best Phone # _____

Father's Name _____ Best Phone # _____

Mother's Address if different from student _____

Father's Address if different from student _____

Mother's Additional Phone #'s _____

Father's Additional Phone #'s _____

Mother's E-Mail Address _____

Father's E-Mail Address _____

In the event we cannot reach either parent, we require a third party emergency contact person:

Name _____ Best Phone # _____

Relationship to Child _____ Additional Phone #'s _____

Child's Physician _____ Phone # _____

I authorize The Learning Center Preschool to seek medical care if I cannot be reached.

Parent's Signature _____

List the student's medical history and needs: allergies, behavioral and physical limitations (asthma, diabetes, seizures, etc.) In order to adequately assist, the directors are required to know each child's needs prior to enrollment.

I agree to comply with rules and regulations of The Learning Center Preschool regarding fees, attendance schedules and deadlines, illness policies and other items specified in the Parent Handbook or contract issued by the school. I understand that tuition continues in my child's absence. I am aware of the scheduled school holidays and closings and agree that I must provide alternate care on those days. I am aware that the school closes for emergencies with Palm Beach County. I agree to notify the school two weeks prior to withdrawal should such event occur, or pay two weeks of tuition when the contractual notice is not given.

Parent's Signature _____ **Date** _____

DISCIPLINE POLICY

The primary goal of our discipline policy is to promote the development of prosocial behavior by encouraging self-control through positive guidance. "Conscious discipline" is included as a daily guidance practice. This includes setting clear, consistent expectations that our early learners understand.

When a child's misbehavior disrupts others, our goal is to remain calm, engage the other children in an alternate activity and then address the child who needs redirecting in a private and outcome driven manner. We help our students think of words and strategies to use to control their behavior. Our desire is for every child to thrive in our preschool; therefore, we encourage them to have positive feelings of self worth.

I, the undersigned, have received a copy of the disciplinary practices used by The Learning Center Preschool.

Parent's Signature _____ **Date** _____

MEAL AGREEMENT

I agree to provide a lunch that meets my child's nutritional and dietary needs. I understand that The Learning Center Preschool will provide a morning and afternoon snack. I must provide breakfast before my child arrives to school. ** Nut Free**

Parent's Signature _____ **Date** _____

KNOW YOUR CHILD'S DAY CARE CENTER BROCHURE

Section 10-M12.008 (2) F.A.C. requires that parents must receive a copy of the Child Care Facility Brochure, "Know Your Child's Day Care Center". I have received a copy of the above mentioned brochure.

Parent's Signature _____ **Date** _____

AUTHORIZATION FOR RELEASE OF PHOTOGRAPHS

I, the undersigned, do hereby agree to let my child/children be photographed. I understand that these photos may be used for the purpose of advertising and /or media coverage and may be viewed by the general public. By signing below, I am giving authorization for the above use of photographs.

Parent's Signature _____ **Date** _____

PRIVACY POLICY

I, the undersigned, agree to visit "www.thelearningcenterpreschool.com" and read the privacy policy in its entirety.

Parent's Signature _____ **Date** _____

ABSENCE POLICY

If your child is going to be absent from school for the day, please contact the school and let us know.

This can be done by phone or email. If you know in advance your child will be out, please let your child's teacher or office staff know.

Parent's Signature _____ **Date** _____

THE FOLLOWING HAVE MY PERMISSION TO REMOVE MY CHILD

Name _____ Relationship _____

Best Phone # _____ Additional #'s _____

Name _____ Relationship _____

Best Phone # _____ Additional #'s _____

Name _____ Relationship _____

Best Phone # _____ Additional #'s _____

Name _____ Relationship _____

Best Phone # _____ Additional #'s _____

*****ANY PERSON DROPPING OFF OR PICKING UP YOUR CHILD MUST BE 18 OR OLDER*****

Parent's Signature _____ **Date** _____

SCHOOL CLOSINGS:

The Learning Center Preschool will be closed on the following days. Please take this opportunity to mark your calendars with these dates and prepare for alternate childcare. Tuition is due as scheduled during these closings. The Learning Center will close for: Labor Day, Thanksgiving and the day after, Winter Break-Christmas Eve through January 2nd and then re-open on January 3rd. Martin Luther King, President's Day, Good Friday, Memorial Day and July 4th are also school closings.

*****NO TUITION WILL BE DUE WHEN CLOSED FOR WINTER BREAK*****

Tuition payments will resume the first week of January, at which time a full week's tuition will be due.

In the event of extreme weather (hurricane, etc.) or other catastrophes, The Learning Center Preschool will follow the **PALM BEACH SCHOOL BOARD** closings. We may re-open prior to Palm Beach County if conditions are deemed favorable. Parents will be notified via FACEBOOK, email, and or announcement on the news station. Please check each media outlet for updates during these times.

By signing below, you certify that you are aware of the scheduled closings and our policy regarding emergency closings.

DROP OFF:

Children can be accepted at 7:00 am each day arrive no later than 9:00 am to receive the full advantage of the academics and activities planned for the day. Parents are to notify the center by calling 561-391-1140 by 9:00 am, If your child will be arriving after 9:00 am. Any one dropping off between 9:00am – 9:30am must bring their child to the office, and an office staff member will walk them to class. There will absolutely be no drop off after 9:30 am unless previously planned with the office or a doctor's appointment.

Parent's Signature _____ **Date** _____

In order to assure that new parents clearly understand the procedures and policies of the Center, we ask all parents to read the policy book enclosed with this application packet and also to initial the following:

- _____ 1. Parents are responsible for payment of all fees on time. All tuition must be paid the Friday before the service week. Fees may be paid in cash, check, debit or credit. Any fees received later than 9:00 am on the Monday of the service week are subject to the \$10.00 a day late fee. If fee payment is more than 3 days late, all services will be suspended until fees are paid in full.
- _____ 2. There will be no reduction of fees for absences, except in the case of an extended illness of the child. Documentation will be required. It will be up to the director to decide to hold the position for the extended period.
- _____ 3. Since we are closed the week between Christmas and New Year and no tuition is required, we consider this the one-week vacation period.
- _____ 4. I understand that I must walk my child into the building each day and make certain that a staff member knows he/she is present. Only persons 18 year of age or older are allowed to drop-off or pick-up my child. I also understand that I, or an authorized adult will pick my child up at pick-up time and inform a staff member that he/she is leaving.
- _____ 5. I understand that I, or whoever drops off or picks up **MUST** sign my child in and out each and every time. Parents are to use the thumbprint computer system. Other adults may use the manual sign in/out books in the classroom or office. I understand that signing my child in and out each and every time is **MANDATORY** and that this is a strict State of Florida licensing requirement. I also understand that there will be a \$10.00 fee assessed to my account each time this requirement is not met.
- _____ 6. I will keep my child home if he/she has; fever, diarrhea, vomiting, rash of unknown origin, or any other medical condition that prevents him/her from participating in the full program. I also understand that if my child is sent home with any of the above, they must remain home symptom free for 48 hours or return with a note from the child's doctor.
- _____ 7. All children must have a complete change of clothes at the center at all times. All children must also have a crib sheet supplied for nap time. The crib sheet will be sent home each week to be laundered and returned.
- _____ 8. I will inform the center in writing of any changes regarding phone numbers, addresses, employment or any change in the family structure.
- _____ 9. I understand that the center does not dispense medication.
- _____ 10. I understand that my child must be picked up no later than 5:45pm. In the event that I require additional care, I must phone the center to inform that I am delayed. If I am not able to arrive before 5:45pm, I must secure an alternate pick up person to do so. The center will not be able to provide care beyond 6:00pm. A \$15.00 convenience fee will be assessed each time the extended care service is used between 5:45 and 6:00pm. \$1.00 per minute fee will apply after 6:00pm. This is not a daily use service.
- _____ 11. If, after a reasonable period of time, it is found that my child is unable to adjust to the center, the center deserves the right to request withdrawal. The decision is left to the director.
- _____ 12. I agree to give **TWO WEEKS** notice upon withdrawal or pay the difference.

Parent's Signature _____ **Date** _____