



Powerhouse Learn & Play Preschool

2020-2021 Registration Form

Child's Name: _____ D.O.B: _____

Current Age: _____ (MUST be 3 by September 1st 2020)

Home Address: _____

New Child _____ Returning Child _____ Gender: _____

Family Information -Emails are used for emergency information, newsletters, program updates.

Caregiver: _____ Relationship _____

Email Address: _____

Primary Phone Contact: _____ home cell work (circle)

Secondary Phone Contact: _____ home cell work (circle)

Caregiver: _____ Relationship _____

Email Address: _____

Primary Phone Contact: _____ home cell work (circle)

Secondary Phone Contact: _____ home cell work (circle)

Do parents live together? _____ If no, with whom does the child reside? _____

If parents are divorced/separated, please give specific instructions concerning visits and pick-up by non-custodial parent as needed. Restrictions on pickup or visitation? No Yes, attach court order.

Emergency Information & Release of Children: Emergency contacts may include neighbors, friends, or relatives within close proximity. If caregiver is unable to pick up or be reached regarding important matters pertaining the above named child, you authorize these people to pick up the child and/ or answer questions (emergency info).

1. Name: _____ Relationship: _____

Primary Phone Contact: _____ home cell work (circle)

Secondary Phone Contact: _____ home cell work (circle)

2. Name: _____ Relationship: _____

Primary Phone Contact: _____ home cell work (circle)

Secondary Phone Contact: _____ home cell work (circle)

3. Name: _____ Relationship: _____

Primary Phone Contact: _____ home cell work (circle)

Secondary Phone Contact: _____ home cell work (circle)

Health Information & Permissions for:(Child name) _____

Family physician: _____ Copy of physical & immunizations required

___ADD/AHHD ___PDD/NOS ___Autism/Asperger's ___Asthma ___Seizure Disorder ___Heart Defect/ Disease

___Diabetes ___Behavioral/Emotional Concerns ___Speech/Language Delay

Allergies: A doctor-approved Allergy Action Plan is required.

Other:

YES, I certify that the information on this application is both true and accurate and I have not left out any information that would help the PLPP understand or work with my child.

YES, my child is in good health and is able to fully participate in all activities offered at the PLPP programs. In an emergency I hereby give permission for the PLPP to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the PLPP to provide needed care including any resuscitation efforts and transportation to a hospital for care.

YES, I have read the Parent Handbook. This handbook includes all PLPP procedures and policies. I understand it is my responsibility to read the handbook and this entire application and I agree to abide by all terms and regulations.

YES, I give permission for the PLPP to use my child's photograph for public relations and/or marketing purposes.

YES, I agree to waive/relinquish all claims and will hold the PLPP & any officers, agents, employees, or representatives harmless from any and all claims, which may arise from my child's participation in any actives of the PLPP.

Signature _____ Date _____

Pre School Program Ages 3

Days	Full Day		Half Day		Registration fee
5	9:00am- 3:00pm	\$245.00 weekly	9:00am-11:30am	\$135.00 weekly	\$250
4	9:00am- 3:00pm	\$191.00 weekly	9:00am-11:30am	\$105.00 weekly	\$250
3	9:00am- 3:00pm	\$137.00 weekly	9:00am-11:30am	\$89.00 weekly	\$250
2	9:00am- 3:00pm	\$120.00 weekly	9:00am-11:30am	\$63.00 weekly	\$250

Pre School Program Ages 4

	8:50am-2:50pm	\$235.00 weekly	8:50am-11:20am or 12:20pm-2:50pm	\$125.00 weekly	\$250
4	8:50am-2:50pm	\$185.00 weekly	8:50am-11:20am or 12:20pm-2:50pm	\$98.00 weekly	\$250
3	8:50am-2:50pm	\$127.00 weekly	8:50am-11:20am or 12:20pm-2:50pm	\$75.00 weekly	\$250
2	8:50am-2:50pm	\$115.00 weekly	8:50am-11:20am or 12:20pm-2:50pm	\$58.00 weekly	\$250

Before & After Care

Before Care	7:00am-9:00am	Additional \$25.00 Weekly
After Care	3:00pm-6:00pm	Additional \$35.00 Weekly
Emergency Days		\$70.00 per day \$15.00 per hour *Based on availability*

Parental Agreements with Child Care Facility

The _____ agrees to provide childcare for
(Name of Child Care Facility)

_____ on _____ a.m. to _____ p.m.
(Name of Child) (Days of week)

from _____ to _____.
(Month) (Month)

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The _____ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for _____.
(Name of Facility)

Signed: _____ Date: _____ (Parent/Guardian)

Signed: _____ Date: _____ (Facility
Administrator/Person-In-Charge)

Payment Information for _____

Tuition is broken into 10 monthly payments payable September through June

A FIRST payment will be taken at the time of registration.

Payments will automatically be deducted from your account on the 1st of each month. Any changes/cancellations must be made at least 30 days in advance.

FINANCIAL RESPONSIBILITY: I am the parent/guardian of the above named child, and my financial responsibility is as follows: I understand that my monthly tuition will be automatically withdrawn the first of each month. Registration fees and deposits are nonrefundable**. If my payment is returned by my bank, I am responsible for a \$35 returned payment.

Credit / Debit Card: MasterCard Visa American Express

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____

Signature: _____

Date: _____