

Policy Awareness Statement:

Please sign and return this page

Child's Name:

If in the opinion of the Director or staff members, if you or any alternative pick up person arrives unable to transport your child safely, we will urge you to make alternate arrangements.

Colorful Apples Learning Center, LLC will offer you the following options:

1. Call an alternative pick-up person to transport you and your child safely.
2. Call a taxi to transport you and your child safely. Parents will be responsible for paying the taxi fare.
3. Another mutually agreed upon option that you would prefer in writing below

If you feel uncooperative with any of the policy listed above and Colorful Apples Learning Center, LLC feels that you are transporting your child unsafely, the staff at Colorful Apples will notify the local police and make a report.

Colorful Apples Learning Center, LLC, wants to make sure that every child is safe, and this is our priority. Thank you in advance for your cooperation.

Parent or Guardian Signature, and date signed:

Director's Signature and date signed:

Tuition Agreement

Child's Name and Date of Birth:

Parent's Name and Registration Date:

Name of party responsible for payment:

Starting Date:

Enrollment please circle:

Fulltime

or

Part time

Please circle days:

Monday

Tuesday

Wednesday

Thursday

Friday

Tuition Rate: _____

Director's signature and date: _____

Parent's signature and date: _____

Emergency Notification Form

Child's Name: _____ DOB: _____

Parent/ Guardian's Name: _____

Home Address: _____

Home Telephone Number: _____

Parent or Guardian's Name and Telephone Number:

Parent or Guardian's Name and Telephone Number:

Family Doctor and Telephone Number: _____

List any allergies your child may have: _____

In case of Emergency, if a parent can be reached, please contact:

Name and Telephone Number: _____

Relationship to Child: _____

Address: _____

Child and Family Information Sheet

Child's name and date: _____

Child lives with: _____

Home address and phone number:

Occupation of Parent(s): _____

Where can Parent/Guardian(s) be reached during the child's hours at center and phone number? _____

Occupation of Parent/ Guardian(s): _____

Where can Parent/Guardian(s) be reached during the child's hours at center and phone number? _____

Marital Status of Parent(s) or Guardian(s) (please circle):

Married Living Together

If Parent or Guardian(s) remarried, please list Partners Names:

If divorced or separated for how long? _____

Custody of visitation arrangements: _____

What is your child's usual reaction to the behavioral discipline used at home?

Does your child nap, and if so for how long? _____

Does your child have any eating difficulties, restrictions or allergies or any other health needs we should be aware of?

Does your child have any speech or hearing problems? If so, please list details here:

Does your child have any special behavioral habits or/ fears (examples: nail biting, sucking their thumb/fingers, fear of the dark)?

Does your child see a pediatrician for regular checkups? _____

Does your child see a dentist for regular checkups? _____

Does your child have any known allergies? _____

If so, list details here and please include how your child's allergies manifest into asthma, hay fever, etc.:

Permission to Apply Sunblock and Bug spray

I _____, (Parent/Guardian), hereby give my consent for Colorful Apples Learning, LLC to apply bug spray to (Child's Name) _____ to child's clothing and skin before going outside as directed by the bug spray manufacturer. The bug spray needs to be marked with your child's name in permanent marker and in its original container.

Parent/ Guardian(s) Signature and date: _____

I _____, (Parent/Guardian), hereby give my consent for Colorful Apples Learning, LLC to apply sunblock to (Child's Name) _____

exposed skin areas before going outside as directed by the sunblock manufacturer. I agree to provide the caregiver/daycare with a sun protection factor (SPF) of 15 or more, in its original container outlining full instructions and clearly marked with your child's name in permanent marker.

Parent/ Guardian's Signature and date:
