



RESERVATION FORM

50 El Camino Drive, Corte Madera, CA 94925
(415) 924-9902

Child's Name: _____ Age: _____ Birthdate: _____

PROGRAM OF CHOICE

Hours: 7:30 am to 5:00 pm

_____ **Toddler: 2 to 3 Years Old** _____ **Preschool/Kindergarten: 3 to 6 Years Old**

_____ 5 Days per Week

_____ 4 Days per Week M T W TH F

START DATE: _____

Enrollment is not guaranteed until confirmed by a representative of Educare Children's Center. Following confirmation of this registration, the completed set of application forms will be required, and a personal interview will be scheduled in preparation for your child's enrollment.

If the requested start date is one month or more in the future, this reservation for enrollment requires the registration fee along with 50% of the first month's tuition fee, which will be applied to the first month. These fees are not refundable if you should decide not to enroll your child at the center.

Send or bring this form with the appropriate fees to Educare Children's Center at the above address.

Signature: _____ Date: _____

Parent's Name: _____

Parent's Address: _____

Parent's Telephone Number: _____



APPLICATION FOR ENROLLMENT

50 El Camino Drive, Corte Madera, CA 94925
(415) 924-9902

I hereby request space for my child for the program specified below. I enclose a non-refundable registration fee of \$150.00.

Child's Name: _____ Age: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

PROGRAMS

_____ 5 Days per Week

_____ 4 Days per Week M T W TH F

_____ **Toddler: 2 – 3 Years Old** _____ **Preschool/Kindergarten: 3 to 6 Years Old**

- **Children need to be 3 years old by September 1st, and be fully potty trained in order to join our preschool program.**

Mother's Name: _____ Home Phone: _____

Occupation: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Occupation: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____

How did you hear about Educare Children's Center? _____

I understand that 30 days written notice is required of all withdrawals.

Signature: _____ Date: _____

Start Date: _____



Admission Agreement

50 El Camino Drive, Corte Madera, CA 94925

Please Read and Initial Each Statement

CHILD'S NAME: _____ **BIRTHDATE:** _____

I grant permission for my child to use all the play equipment and to participate in all center activities. _____

I grant permission for my child to leave the premises under the supervision of a staff member for scheduled field trips in an authorized vehicle. I am aware that I will be notified at least one (1) week in advance and that a signed permission form is required for each excursion. _____

I grant permission for my child to join the class on neighborhood walks. _____

I have gone on-line and read the FAMILY HANDBOOK and understand that it is part of the ADMISSION AGREEMENT. I agree to comply with the rules concerning admittance, attendance, sick children, arrivals and departures, drop-off and pick-up times, absences, finances, parent involvement, and all other items specified _____

I grant permission for the center to take whatever steps may be necessary to obtain emergency medical care as specified in the FAMILY HANDBOOK. I have completed an EMERGENCY CARD and agree to inform the center immediately of any changes in the information contained on the card. _____

I am aware that my child must be SIGNED IN UPON ARRIVAL AND SIGNED OUT UPON DEPARTURE BY AN AUTHORIZED ADULT. I understand that I have the right to visit and observe the center at any time my child is in attendance. _____

I understand the licensing agency, California State Department of Social Services, shall have the authority to interview clients, and to inspect client or facility records without prior consent. The agency shall have the authority to observe the physical condition of clients, including conditions which could indicate abuse, neglect, or inappropriate placement. I understand that I have the right to call or write the licensing agency if fault is found in the operation of the facility or the treatment of my child. _____

I agree to notify the center 30 days in advance of withdrawal or any schedule changes. If I fail to comply with the 30 days notice, I am still liable to pay for the remaining days (up to 30) after the written notice is given. The center retains the right to terminate enrollment in the event of non-compliance with center policies, rules, or regulations. _____

I am aware of the center's scheduled holidays. _____

I have received a current tuition schedule and agree to comply with all stated rules regarding fees, finances, and tuition. I understand that no basic rate or policy changes will take place without at least 30 days written notice. _____

I understand tuition for my child for is \$_____ per month.

I understand materials fee is \$_____. This fee is bi-annual and is due in September and February.

I understand that my child's tuition is due on the 1st day of each month and that failure to pay tuition and/or materials fee by the due dates may result in my child being suspended from the center. I also understand that in the event my child is suspended, a tuition deposit may be requested for readmission.

I understand that my signature on this form constitutes a contractual agreement.

PARENT SIGNATURE

DATE

RECEIVED BY

DATE



Tuition Fee and Program Schedule Effective 9/1/25 – 8/31/26

2025 – 2026

Registration Fee	\$150.00
Cot Sheet Fee... ..	\$15.00
Late Payment Fee.....	\$25.00
Returned Check Fee.....	\$25.00
Late Pick-up Fee.....	\$1.00 per Minute
Older Sibling Discount.....	10% off
Tuition Reservation Fee.....	50% of First Month Tuition

Tuition Includes Light Breakfast, 2 Snacks and Hot Lunch

ALL DAY PROGRAM: 7:30 am – 5:00 pm	Preschool	Toddler
5 Days per Week	\$2,650	\$2,750
4 Days per Week	\$2,400	\$2,500
Bi-Annual Materials Fee:	5 Days per Week.....	\$450.00
(Due in September and	4 Days per Week.....	\$400.00
February or upon enrollment)		
Extra Days.....		\$ 125.00



Getting to know your Child

- 1) Child's Name/Nickname: _____ DOB: _____
- 2) Does your child have any known health issues or allergies? _____

- 3) Briefly describe your child's personality/temperament: _____

- 4) What are your child's interests/strengths: _____

- 5) Is your child toilet trained? Yes _____ No _____ Naptime Pull Up _____
Explain: _____
- 6) Are both parents living in the household? Yes _____ No _____
If no, please explain: _____
- 7) Language Development: Please check one
Speaks in simple 2-3 words _____ Full Sentences _____
- 8) Has your child been in a childcare setting before? Yes _____ No _____
Explain: _____
- 9) Is there anything else you would like your child's teacher to know? (i.e. Siblings, pets, living arrangements, etc.) _____

**Please complete this questionnaire along with the school's enrollment forms
and turn in
2 weeks prior to your child's start date. Thank You**



Items Needed at School

1. Three Full changes of clothes appropriate to the weather, individually packed in a Ziploc bag with your child's name clearly labeled
2. A blanket from home for nap/rest period
3. A stuffed animal to be used during nap/rest period (optional)
4. Diapers/Wipes if your child isn't potty trained
5. A water bottle clearly labeled with your child's name on it
6. Sunscreen clearly labeled with your child's name (optional but strongly recommended)

FRIDAYS:

On Friday or on their last day of their week at school, your child will take home their bedding (sheet and blanket) and a rug (provided by the center) used during the work period, to be laundered at home.



EMERGENCY INFORMATION

I give permission to **Educare Children's Center** to take whatever emergency measures (i.e., first aid, disaster, evacuation) are judged necessary for the care and protection of my child while under the supervision of Educare Children's Center.

In case of a medical emergency, I understand that my child will be transported to **Marin General Hospital** by the local emergency unit for treatment, if the local emergency resources (police, rescue squad, paramedics) deems it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and or other adult acting on the parent's behalf.

Date: _____ Signature: _____

Name _____ Age _____

Birth Date _____ Phone _____

Address _____

City _____ State/Zip _____

Mother _____ Work # _____ Hours _____

Father _____ Work # _____ Hours _____

ALTERNATE CONTACT

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician _____ Tel # _____

Allergies _____

Medications and other significant medical information:



Parent Permission

PHOTOS

There are occasions when taking pictures of the children is desirable for use in the program and for publicity and public relations purposes. Photos could be used in displays, posters, slide presentations, newsletters, and promotional brochures, all of which may be available to the general public.

FIELD TRIPS

Outings are an important part of our curriculum. These excursions might be walking to the local park or around the neighborhood and are always taken with the presence and supervision of the staff.

EXCHANGE OF INFORMATION

It may become necessary to discuss your child with his or her pediatrician, therapist, other health professional or a human service agency. The exchange of information may be very important in our ongoing work with your child.

CONTACT INFORMATION

Your contact information will be included in a classroom roster and may be shared with other families for social purposes such as birthday party invitations, setting up playdates, etc.

By signing below, I am giving Educare Children's Center permission for all of the above.

Parent's Signature: _____

Date: _____



Sign-In / Sign-Out Policy

The State of California, Health and Human Services Agency, Department of Social Services require that a parent/authorized representative sign their child in and out each day. Please use the QR code posted outside your child's classroom. You need to notify our school's administration with the names and code of the people authorized to drop off and pick up your child.

101229.1 Sign-In and Sign-Out

- (a) In addition to the sign-in procedure requirement of Section 101226.1 (b), the licensee shall develop, maintain, and implement a written procedure to sign the child in/out of the school that shall at the minimum, include the following:
 - (2) The person who signs the child in/out shall use his/her full legal signature and shall record the time of day.
- (b) The person who brings the child and removes the child from the school shall sign the child in/out.
- (c) A person who removes the child from the school during the day and returns the child to the School the same day shall sign the child in/out.

Child's Name: _____

Parent/Authorized Representative Name: _____

Parent/Authorized Representative Signature: _____

Date: _____



I authorize **Educare Children's Center** to apply sunscreen to my child
_____ as needed.

Parent/Guardian Signature

Date



Child Illness Policy

This policy is based on the Model Health Care Policies developed by the American Academy of Pediatrics. Educare Children's Center understands that it is difficult for a parent/guardian to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the Center is sometimes necessary to reduce the transmission of illness or because the Center is not able to adequately meet the needs of the child. Mild illnesses are common among children and infections are often spread before the onset of any symptoms. In these cases, we try to keep the children comfortable throughout the day but will find it necessary to exclude them from the childcare setting for the following reasons:

- Fever of 100.4 axillary, 101 orally or 102 aural/ear or more
- Diarrhea – unformed and/or uncontrolled stools that cannot be contained in a diaper/underwear or toilet.
- Vomiting – 2 or more times during the previous 24 hours.
- Mouth sores associated with drooling
- Rash with fever or behavioral changes, unless a physician has determined it is not a communicable disease in which case, we would request a doctor's note.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow discharge) until on antibiotics for 24 hours.
- Impetigo until 24 hours after treatment.
- Strep throat until 24 hours after treatment.
- Scabies until 24 hours after treatment has begun.
- Chickenpox, until all lesions have dried and crusted (usually 6 days).
- Pertussis (Whooping cough) until 5 days of appropriate antibiotics.
- Hepatitis A virus until one week after onset of illness, after immune globulin has been administered
- Difficulty in breathing
- Earache or drainage
- Illness that prevents the child from participating comfortably in program activities.
- Illness that results in a greater need of care than our center can provide without compromising the health and safety of other children.

We ask that for your child's comfort and to reduce the risk of contagion, children be picked up **within 1/2 hour of notification**. Children need to remain home for 48 hours without symptoms before returning to the program. In the case of a (suspected) contagious disease or continuing symptoms, a doctor's note or a negative CoVid-19 test result is required before returning.

Children who have been excluded may return to the center when:

- They are free of fever, vomiting, and diarrhea for a full 48 hours
- They have been treated with an antibiotic for a full 24 hours.
- They are able to participate comfortably in all usual program activities, including outdoor time.

----- (Detach Here – Give Upper Portion to Parents) -----

ACKNOWLEDGEMENT OF CHILD ILLNESS POLICY

I, the Parent/Authorized Representative of _____, have received a copy of the Child Illness Policy.
(Child's Name)

Parent/Authorized Representative Name: _____

Parent/Authorized Representative Signature: _____ Date: _____



CALENDAR 2025

Monday January 20 th	Martin Luther King Day
Monday, February 17 th	President's Day
Friday, March 7 th	Staff Development Day
Monday, April 7 th – Friday, April 11 th	Spring Break
Monday, May 26 th	Memorial Day
Thursday, June 19 th	Juneteenth Day
Monday, June 30 th – Friday, July 4 th	Summer Break
Thursday and Friday, August 14 th & 15 th	Staff Development Days
Monday, September 1 st	Labor Day
Monday, October 13 th	Indigenous Day
Tuesday, November 11 th	Veteran's Day
Monday, November 24 th - Friday 28 th	Thanksgiving Holiday
Monday, December 22 nd – Friday Jan. 2 nd	Winter Break



CALENDAR 2026

Monday January 19 th	Martin Luther King Jr. Day
Monday, February 16 th	President's Day
Friday, March 6 th	Staff Development Day
Monday, April 6 th – Friday, April 10 th	Spring Break
Monday, May 25 th	Memorial Day
Friday, June 19 th	Juneteenth Day
Monday, June 29 th – Friday, July 3 rd	Summer Break
Thursday and Friday, August 13 th & 14 th	Staff Development Days
Monday, September 7 th	Labor Day
Monday, October 12 th	Indigenous People's Day
Wednesday, November 11 th	Veteran's Day
Monday, November 23 rd - Friday 27 th	Thanksgiving Holiday
Monday, December 21 st – Friday Jan. 1 st	Winter Break



ENRICHMENT PROGRAMS

We are very excited to offer the enrichment programs listed below to children enrolled in our preschool program (ages 3 to 6). We are committed to adhering to Covid safety guidelines. Each program will offer a total of 4 sessions to accommodate each cohort. We will put together the groups of children enrolled; and share with you the day and time in which your child will be participating in the program of your selection. All programs will be offered in the afternoons.

Panda Bear Gymnastics - \$22 per Class – Tuesdays

The sessions will be filled with obstacle courses, beams, bars, trampolines, music, games, ribbons, balls, tumbling, vault, and a whole lot of fun! These activities assist in building children's confidence; expand motor development skills, increase coordination which leads to happy kids. Gymnastics will be offered at the Omega studio. An enrollment form will be sent home with our child.

Soccer Shots - \$245 for 10 Sessions – Wednesdays & Thursdays

"Soccer Shots" is changing the lives of young children by teaching principles and life skills like confidence, respect, honesty, and teamwork. We are a national organization of caring individuals positively impacting children's lives through memorable and engaging experiences through the game of soccer. Soccer will take place in the field next to the back parking lot. A link to enroll will be shared with you via email.

Piccolo Picasso - \$100 for 4 Sessions – Monday & Wednesday

This program is designed to provide young children with opportunities that will allow and encourage self-expression, creativity, and imagination. Colors, shapes, textures, lines, patterns, will be the tools to create beautiful pieces of work that will enhance your child's self-esteem and self-confidence. Our young artists will experience different painting techniques, weaving, hand sewing, clay, etc. This fun activity will take place in a designated room at the Sigma building. An enrollment form will be sent with your child.

Rising Heroes Martial Arts - Fridays

This program gives kids a running start not only in their lifetime of martial arts, but sports in general. Martial arts builds confidence, self-discipline, gross motor skills, physical exercise, and play based competitive activities. Kids will be able to strengthen their physical and personal skills, with an emphasis on having fun. This program will be offered at the Omega studio. Free trials will be offered on Friday, 9/17. After the trials, a link to enroll will be sent to you via email.

