



## Drop In Care Registration Form

Child's Name: \_\_\_\_\_ Child's Age/ Birthday: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Who will be responsible for picking up your child: \_\_\_\_\_

Best Cell Phone Number: \_\_\_\_\_ Can you receive texts: yes or no (circle)

Best Email Address: \_\_\_\_\_ (print clearly)

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Can the emergency contact pick up your child should you be unreachable: \_\_\_\_\_

Can your child have snacks? Yes or No (circle) **Parents Provide Packed Meals**

Does your child have any allergies? \_\_\_\_\_

I understand that by signing this form that the Art of Play is **not** a nut (or any other food) free facility and I understand the risks associated with sending my child if they have a nut or other food allergy. The Art of Play is also a dog friendly facility which might pose an allergy risk to some children.

Does your child have any medical or developmental needs that we should know about?

The Art of Play Early Learning Center's runs from 8am- 4:30pm. Parents may drop off no earlier than 8:00am and pick up no later than 4:30pm. Any late pickups will result in denial to future drop in care. If you need to reach us you can call or text 717-612-2349 or email [theartofplay@comast.net](mailto:theartofplay@comast.net).

Drop in Care is **\$70 due prior to care to hold the day for your child** (via Venmo or PayPal), or their spot will go to the next family on our waitlist for the day.

Due to the limited number of spaces in the event of a parent needing to cancel or pick up early the Drop In Care registration fee is not refundable.

In the event of a cancellation by the Art of Play the parent will be refunded within 24 hours via Venmo or PayPal.

Children are not allowed to attend if they have had any of the below symptoms within 24 hours prior to their Drop In Care day or if they have had any fever reducing medicine within 24 hours prior to their Drop In Care day. Children will be sent home if they have symptoms of a communicable disease or infection that can be transmitted directly or indirectly and may threaten the health of children in care. This includes: mouth sores, rash with fever or behavioral change, discharge from the eyes, productive cough with fever, temperature equal to or greater than 100° F, unusual lethargy, irritability, persistent crying, difficulty breathing, vomiting, diarrhea, or other signs of illness

The parents are responsible to provide water bottles, diapers, sunscreen, bug spray, and extra clothes in case we get extra messy.

At The Art of Play we believe in play and know the importance of big body play. Children are allowed to explore their world by climbing, jumping, and running in a controlled and supervised environment. Bumps and bruises might occur but it's part of learning and playing. By signing this form, you understand the risks associated with play and understand your children will be allowed to freely play and explore as much as possible without the situation becoming dangerous. The trampoline is off limits to children attending the Art of Play.

I understand that my child might be in contact with a dog. All animals are up to date on vaccinations, in good health (physically and mentally), comfortable with children, and clean. Vaccination records are available upon request.

I understand that my child might get messy or wet. We will be exploring nature, doing crafts, and having fun! I will send my child in clothing that is ok to get messy.

I understand that pictures or videos of my child participating at the Art of Play might show up on the Art of Play's Facebook page so families can see what we did and to be used in future advertisements.

I understand that I will be asked to update this form at a minimum of every 6 month should my child still be participating in Drop In Care with the Art of Play Early Learning Center.

I \_\_\_\_\_ the parent and guardian of \_\_\_\_\_ agree to the terms of this Drop In Care registration form.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Kris LeBeau, owner) \_\_\_\_\_

\*\*\* Attached Emergency Contact and Agreement Forms Must Be Filled Out In Full \*\*\*

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

<b>CHILD'S NAME</b>		DATE OF BIRTH
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER (    )
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME		
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME		
ADDRESS		
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

**PERIODIC REVIEW**

\_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_

DATE

**WHITE COPY** (Original)

**YELLOW COPY** (Child Care Space)

**PINK COPY** (Excursion)

# AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

\_\_\_\_\_ SIGNATURE-OPERATOR                      DATE                      \_\_\_\_\_ SIGNATURE-PARENT OR GUARDIAN                      DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

<b>PERIODIC REVIEW</b>	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE