TheSecretGarden

**Child’s full name:**

**Date of birth:**

**Address:**

**Mornings 8:30-12:30 M T W TH F**

***Non refundable* *$50 registration fee, and materials fee are to be submitted with registration form to reserve your child’s place.***

**Parent/Guardian:**

**Phone:**

Fall Registration Sept-June

PHONE: 541-482-5543

paulailynam@gmail.com

davenourie@gmail.com

**Date:**\_\_\_/\_\_\_\_/\_\_\_\_

Nature, Play, Relationship

based programs for ages 2-6

**Address:**

**Work Place & Address:**

**Phone**(work):

**E-mail:**

**Parent/Guardian:**

**Phone:**

**Address**:

**Work Place & Address:**

**Phone**(work):

**E-mail:**

**Child resides with:** parent 1 parent 2 both parents guardian: (name)

**EMERGENCY CONTACTS:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation: \_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation: \_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food/Medication allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special health conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please read the following and initial indicating you have; “read, understood and agree”*

\_\_\_I hereby grant permission for my child to use all of the play equipment and to participate in all of the activities of this early childhood program.

\_\_\_I hereby grant permission for my child to leave the facility under proper supervision for neighborhood walks.

\_\_\_I hereby grant permission for my child to be included in evaluations and pictures connected with the program.

\_\_\_I hereby grant permission for Paula Lynam or The Secret Garden staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child’s physician.
3. Attempt to contact a parent/guardian through any of the persons listed on the emergency information section of this form.
4. If we cannot contact you or your child’s physician, we will do any or all of the following: a) call another physician or paramedics, b) have your child taken to an emergency hospital in the company of the provider or a staff member.
5. Any expenses under number 4 above will be borne by the child’s family.

**Parent/Guardian SignatureDate:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITY WAIVER**: **In consideration of premises, services, and/or the equipment provided, I, for myself and any minor children for which I am the parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release Paula Lynam, Playful Concepts LLC, The Secret Garden Pre-school/Playschool & Kindergarten, employees and sub contractors contracted, from all liability and expressly waive any claim for damage arising from any cause whatsoever associated with activity at Playful Concepts LLC and assessments or classes, The Secret Garden Pre-school/ Playschool & Kindergarten with the exception of that which is the result of gross negligence or wanton and willful misconduct.**

I have read the foregoing release statement. I understand that by signing this document I may be waiving valuable legal prerogatives.

**Parent/Guardian’s**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider’s Name**:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Child’s Activities, Interests, Character Traits**

We know how wonderful and beneficial it is to work together, harmoniously supporting your child's health and well-being, and that of your family; so with that in mind, please answer the following, in order that we may have a deeper understanding of your child and your family culture. (Use additional paper as needed).

\_\_Please tell us about the activities your child enjoys at home and participates in outside school (hobbies, classes, programs).

\_\_ How would you describe your child’s temperament?

\_\_ What could you tell us about your child’s strengths and challenges.

**Early History/Development**

\_\_ If your child was adopted, please tell us about it; the circumstances, adjustment process and how old your child was at the time of adoption.

\_\_How was your child's pregnancy and birth? Were there any special conditions or health problems? (C- section, medications, premature, home birth, etc.

\_\_ Is your child a sound sleeper?

\_\_Was/is your child breast fed?

\_\_ At what age did your child's first teeth come in?

 \_\_At what age did your child crawl?

\_\_ At what age did your child start walking, talking, using the toilet?

\_\_ Were there any serious falls as an infant?

\_\_ Were there any problems with eyes/ ears/ feet/ skin?

**Play**

\_\_Please describe your child’s play experiences: themes, activities, characteristics.

\_\_What is your child’s outdoor play environment like?

\_\_Please describe your child’s friendships with other children (include ages).

\_\_Does your child have imaginary playmates? Please describe.

**Family Life**

\_\_ Parents’ marital status; please describe parenting relationship.

\_\_ Describe child’s living situation, past and present.

\_\_ Describe your child’s childcare situation, past and present.

\_\_ Do you consider routine / rhythm important in your child’s life? If so, what sort of rhythms/routines does your family follow?

\_\_ What meals are with the entire family and what time of the day are the meals? Does your child have regular chores? If so, what are they?

\_\_ Approximately what time does your child awaken in the morning and how does s/he awaken? (drowsy, full of energy, etc)

\_\_What time does your child go to sleep during the week and during the weekend?What are your bedtime rituals?

\_\_ Does your child sleep through the night, have nightmares, nap? When and how long?\_\_What languages has your child grown up with?

\_\_ Please describe your family’s relationship to spiritual or religious life.

\_\_ Please describe your approach to discipline/guidance (give one or two examples).

\_\_ How has your child responded to your discipline/guidance?

\_\_ How many hours per day does your child spend with electronic media, including television, videos, cinema, radio, recorded music and stories, video games and computers. (Please indicate average hours of viewing and/or listening and content. Include differences between weekdays and weekend days if relevant.)

\_\_ Is limiting TV/screen time something you might want help with?

\_\_ What are some of your biggest challenges/concerns with parenting?

\_\_ As parent enrichment meetings, creative sessions and discussions are an essential part of this program, please specify if evenings or weekends are better for your family?

**Health History**

\_\_\_ Has your child been immunized?

\_\_\_ Please indicate any illnesses your child has had and at what age:

\_\_\_ German Measles\_\_\_ Chicken Pox\_\_\_Whooping Cough\_\_\_ Mumps

\_\_\_ Scarlet Fever\_\_\_Measles\_\_\_Ear Infections\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Has your child had any serious injuries, accidents or surgery? If so, give date and describe briefly.

**Present Health**

\_\_ Does your child have allergies? If so, what are they and how severe are they?

\_\_ Does your child contract colds easily? \_\_Respiratory weakness?

\_\_ Does your child vomit easily? \_\_Frequent headaches?

\_\_ Is your child on medication? \_\_For what condition?

\_\_ Does your child wear glasses?

\_\_ Ear infections?

\_\_ Frequent nosebleeds?

\_\_ High fevers?\_\_For what condition?

\_\_ Does your child wear a hearing aid or other medical device?

**Food**

Please give a general picture of typical foods your child and family eat for meals and snacks.

\_\_\_ Does your child have strong food preferences or dislikes?

\_\_\_ What foods does your child like the most?

\_\_\_ What foods does your child dislike most?

\_\_\_ Has your child lost any teeth? \_\_\_If so, how many?
\_\_\_ Does your child suck his or her thumb?

\_\_\_ Does your child wet the bed?

\_\_\_ Are there any physical characteristics or health conditions that might require special attention? If so, please explain (eg. special diet, medication during school, etc.)

\_\_\_ Anything unusual in your child’s development not mentioned so far?
\_\_\_ Does your child have any unusual behaviors that we may want to be aware of? Please describe.

**Your Relationship to The Secret Garden Pre-school/Kindergarten & Waldorf or Holistic Education**

\_\_\_Why have you chosen this Pre-school/Kindergarten experience for your child? \_\_\_Where are you planning on sending your child for Elementary School?

\_\_\_Please list any ways we can be of support to you, your child and family.

\_\_\_Do you know any other families whose child will be in our school next year?

\_\_\_How did you hear of The Secret Garden?

**Parental Involvement**

Parent Community hours help things to flow well and create a supportive, nourishing environment for teachers, children and families. It is wonderful for the children to experience the participation of their parents in the well-being of their school, and uplifting for the teachers to be supported in this manner.

Suggested hours of Parent Community Participation:

5 and 4 day programs 10 hours per school year

3 and 2 day programs 8 hours per school year.

We like to have two school work-party days a year, one before school starts in the Fall and the other in the Spring.

Please specify areas in which you are handy, such as PLUMBING, ELECTRICITY, BUILDING, PAINTING, CLEANING, SEWING, PAINTING and if we may call on you.

Please indicate other skills and abilities you may be interested in offering.

**Activity Examples**

\_\_\_Special events helper – help teachers with classroom or grounds preparation for special events and festivals, and/ or assist with the clean-up after such events

\_\_\_Building/construction maintenance – odd jobs as needed

\_\_\_Special request projects (these tasks can often be done at home; (i.e. sewing)

\_\_\_Hospitality Events: prepare food/beverage for “Open Houses”, “Parent Evenings” etc.

\_\_\_Classroom Parent – help teachers with preparation for class projects.

\_\_\_Snack coordinator

\_\_\_Wish list coordinator

\_\_\_Volunteer cleaning coordinator

\_\_\_Bring flowers or seasonal decorations

\_\_\_Other suggestions

**Tuition**

Tuition in based on a 10 month school year September to June. Winter/Spring/Summer and afternoon programs are not included and billed separately. Payments are made to Playful Concepts for all programs. Non refundable $50 annual registration fee and applicable materials fee are due at the time of registration to secure your child's place in The Secret Garden Pre-school & Kindergarten. Annual materials fee applies to **Morning** **Program,** (see chart below for amounts)**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Annual Tuition** |  | **Materials** | **10x Payment Plan** | **9x Payment Plan** |
| $5500 | 4 Mornings M-Th | $275 | $505 per month | $611 per month |
|  | Aftercare T-Th |  | $216 per month |  |
| N/A $4250 | 3 Mornings | $200 | $425 per month | $472 per month |
| N/A $2890 | 2 Mornings | $150 | $289 per month | $321 per month |

We are opting to remain open during most public holidays and are typically closed for one week in the Fall, two to three weeks in Winter and two weeks in Spring, and June is a short month. We have taken this into account in determining the tuition, so please plan accordingly to avoid any distress. If additional programs are offered, such as Winter Camp, or Spring Camp, these are billed in addition to the usual tuition.

Please make checks out to Playful Concepts. Tuition is d**ue on the 1st**, **late by the 5th** of each month. **A late fee of $25 will be applied after the 5th.**

**About pick-up time**. *Your children look forward to seeing you at the end of their day with us, and we all enjoy witnessing your reunion with them at the agreed upon time. As much as we love, appreciate and enjoy each of you and your children, repeated late-pick-up’s are not something we can support. We do understand that life is life, things do happen, and keeping agreements, especially to the children, is essential. It is so important that we implement a significant late-pick-up fee, of $25 per 5 minutes after 12:35. We can accommodate one free-pass, that’s it!*

Thanks for your understanding.

Love to all,

Paula and Dave