TheSecretGarden

**Child’s full name:**

**Date of birth:**

Child resides with:

mother father both parents guardian (name):

**Mornings**(AM)*8:30-12:30*  **T W TH**

| **Week** | **Sign Up** |
| --- | --- |
| **1 June 9, 10, 11** |  |
| **2 June 16, 17, 18** |  |
| **3 June 23, 24, 25** |  |
| **4 June 30, 1, 2** |  |
| **5 July 7, 8, 9** |  |
| **6 July 14, 15, 16** |  |
| **7 July 21, 22, 23** |  |
| **8 July 27, 28, 29** |  |

**Cost: $100 per 3 morning week**

Tuition is due two weeks in advance. Cancellation fees may apply.

***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 support. We do understand that life is life, things do happen, and keeping agreements is essential. It is so important that we will be implementing a late-pick-up fee, o****f $25 per 5 minutes after*** *1****2:35/2:35/4:35***  *You get one free-pass, that’s it! Thanks so much for your understanding. Love to all, Paula and Dave*

Summer 2020

PHONE: 541-482-5543

CELL: 541-951-1580 or 541-840-8925

paulailynam@gmail.com

davenourie@gmail.com

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

Nature, Play, Relationship

based programs for ages 2-6

**Mother/Guardian:**

Address: (if different from child’s)

Work Place & Address:

**Phone**(work):(home)

**E-mail:**

**Father/Guardian:**

**Address**: (if different from child’s)

Work Place & Address:

**Phone**(work): (home):

**E-mail:**

**EMERGENCY CONTACTS:**

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

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

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

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

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

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

**Preferred Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of last DPT shot:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

*Please read 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 her 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 Signature: Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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, including 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_