

APPLICATION FOR ADMISSION TO CREATIVE PLAY DAY SCHOOL
2013-2014

DATE: _____

CHILD'S NAME _____ NICKNAME _____

ADDRESS _____

HOME PHONE # _____ BIRTHDATE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

EMPLOYMENT: _____ EMPLOYMENT: _____

E-MAIL _____ E-MAIL _____

ADDRESS: _____ ADDRESS: _____

WORK _____ WORK _____

PHONE # _____ PHONE # _____

CELL # _____ CELL # _____

I was referred to Creative Play Day School By _____

* PRESCHOOL-ONLY PROGRAM (CIRCLE WHICH CLASS SELECTION)

M - W - F A.M.

M - W - F P.M.

* PRESCHOOL WITH EXTENDED CARE PROGRAM

List which days

RM.2 - 2'S _____

RM.5 - 3'S _____

RM.1- 4'S & 5'S _____

* INFANTS _____

* TODDLERS _____

* KINDERGARTEN ENRICHMENT & SCHOOL-AGE PROGRAMS

Rm 1 P.M. KINDERGARTEN ENRICHMENT WHICH DAYS _____

SCHOOL-AGE PROGRAM

BEFORE SCHOOL

AFTER SCHOOL

BEFORE & AFTER SCHOOL

LIST WHICH DAYS

LIST WHICH DAYS

LIST WHICH DAYS

ANY OTHER SITUATIONS: SUMMER FULL DAY DAYS OFF FROM SCHOOL
(PLEASE CIRCLE ONE OR BOTH)

**CREATIVE PLAY DAY SCHOOL
TUITION AGREEMENT**

CHILD'S NAME _____ BIRTHDATE _____

My child's arrival/departure schedule will be as follows:

MON _____ to _____ TUES _____ to _____ WED _____ to _____
THUR _____ to _____ FRI _____ to _____

BEGINNING DATE: _____ Yearly registration fee of \$50 paid on _____

TUITION and SERVICES AGREEMENT

Part 1. Parent Tuition Responsibilities

1. I agree to pay CPDS a registration processing fee of **\$50.00 at the time of application**. I understand that this charge covers the cost of processing all paperwork and therefore, it will not be refunded to me even in the event that my child fails to start or remain at CPDS. I agree to pay the registration processing fee annually for each year my child is enrolled at CPDS.
2. I agree to pay by Monday of each week (and for every week my child is enrolled) the sum of \$ _____. This fee is for educational and curriculum based services only, and does not include meals, transportation, etc.. A late payment fee of \$50.00 will be charged if paid after the 15th of each month. Should payment be delinquent by two months, immediate withdrawal of my child will be requested until the entire overdue balance is paid in full.
3. I agree to pay a \$35.00 processing fee for any check that is returned due to insufficient funds. If more than one tuition check is returned due to insufficient funds I will be requested to pay my tuition by bank check, cash, or money order.
4. If my child remains past closing hours of the child's class which is _____ I will be charged \$1.00 per minute for every minute my child remains past closing hours.

Part 2. Educational Services and responsibilities of CPDS

1. CPDS will provide all children with a play-based curriculum that is developmentally appropriate and based on sound educational theory.
2. Curricula used at CPDS will align with the PA Early Learning Standards.
3. All children will be observed and assessed by our staff using a developmentally appropriate system (Teaching Strategies Gold) that is based on sound educational research .
4. Observations and assessments will be shared with parents in October, January and May in both oral and written format.

****I have read the conditions of this tuition agreement. I understand and accept each condition as CPDS policy. I agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.****

signature of director date signature of parent or guardian date

DATE OF ADMISSION _____ DATE OF WITHDRAWAL _____

PERIODIC REVIEW

DATE _____ SIGNATURE OF PARENT _____

CREATIVE PLAY DAY SCHOOL SCHOOL EMERGENCY PROCEDURE

Creative Play Day School has adopted the following procedure in caring for your child when he/she becomes sick or injured at school.

In case of an emergency and/or need of medical or hospital care:

1. **CPDS** will call the home. If there is no answer:
2. **CPDS** will call the Mother's place of employment, then the Father's (or Guardian's) place of employment. If there is no answer:
3. **CPDS** will call the other emergency telephone numbers listed on the Parental Consent/Emergency Contact Form. The child's physician will also be called at this time, if needed.
4. If none of the above answer, the school will call the ambulance, if necessary, to transport the child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. **CPDS** will continue to call the parents, guardians or physician until one is reached.

If I cannot be reached and **CPDS** authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating my child. I also hereby consent to any anesthesia which may be carried out based on the medical judgment of the attending physician.

I AGREE _____ / DISAGREE _____ WITH THIS PROCEDURE.

SIGNED:

DATE: _____

OR

PLEASE DO THE FOLLOWING IN CASE OF AN EMERGENCY:

**CREATIVE PLAY DAY SCHOOL
PARENT HANDBOOK POLICY FORM**

I **have received** complete written program information at the time of enrollment and **have read** over this information which is titled the "CPDS Parent Handbook". I **understand** all the rules and regulations. I **agree to abide by them** as long as my child/ren are enrolled at Creative Play Day School.

PARENT SIGNATURE: _____
(FATHER)

(MOTHER)

(Guardian)

DATE: _____

**CREATIVE PLAY DAY SCHOOL
PARENT DIRECTORY**

I give CPDS permission to print my name, and/or address and phone number in their directory. This directory is not to be misused in any manner.

SIGNATURE: _____
(FATHER)OR (MOTHER) OR (GUARDIAN)

CHILD'S NAME: _____

ADDRESS: _____

PHONE: _____

RM. & CLASS: _____ TEACHER: _____

CREATIVE PLAY DAY SCHOOL “GETTING TO KNOW YOU” FORM

The purpose of this form is to help our staff gain a better understanding of your child. Please feel free to add any information that would be helpful to our staff.

CHILD'S NAME: _____ DATE: _____

PERSON COMPLETING FORM: _____

Is English your home language?

If not, what language is spoken in your home?

Would you like written materials/conferences provided in your home language?

Has your child been in an early learning program or child care before?

If yes, would you please share with us where, when and for how long?

Were there reasons for leaving that program that you would like to share?

May we please have a copy of your child's records from his or her last childcare program?

Does your child have any special needs (physical, medical, developmental, emotional)?

Does your child have an IEP (Individualized Education Plan) or an IFSP (Individualized Family Service Plan)? If so, would you please provide us with a copy so that we may provide the best possible care for your child?

What program/individuals work with your child?

Does your child have any drug, food, or environmental allergies including bee stings? Has he/she had an allergy testing?

How are your child's eating habits? Any special dietary needs?

How would you describe your child?

Please list any unusual or special circumstances that you feel we should be aware of such as a parent who does not live in the house, custody issues, etc.

Does your child have any siblings? Please list names and ages.

Does your child have a fear of anything? Any imaginary friends?

Is your child toilet trained? In the process of? How can we help?

Do you have any religious affiliations? CPDS uses a non-denominational blessing at lunch and snack time in all of our pre-school classes.