

REGISTRATION AGREEMENT 2019- 2020

Child's Name	Boy 🗆 / Girl 🗖 Date of Birth	
Program Appling For: Infant(0 -24months) Presc	chool (2 - 5)Requested Start Date:	
Mother/Guardian's Name	Date of Birth	
Home Address	City	Zip
Cell Phone ()	Home Phone ()	
Occupation	Work Phone ()	
Email Address		
Father/Guardian's Name	Date of Birth	
Home Address	City	Zip
Cell Phone ()	Home Phone ()	
Occupation	Work Phone ()	
Email Address		
PLEASE NOTE: IN THE EVENT OF AN EMERGENCY, WE WILL CALL TH	HE NUMBERS LISTED BELOW IF PARENTS/ GUARDIANS CANN NE NUMBERS ABOVE.	NOT BE REACHED AT THE
Additional Emergency Contact & Phone Number (1)		
Additional Emergency Contact & Phone Number (2)		
Doctor's Name and Phone N	lumber To Contact In An Emergency:	

CENTER HOURS

Our operating hours are:

Infant Center 7:30 am - 6:00 pm Monday - Friday. Preschool 7:30am-6:00pm Monday - Friday.

SECURING YOUR CHILDS SPACE

Parents may submit the registration agreement year round. To secure a space parents must submit the completed registration form, a nonrefundable registration fee of \$500 and payment for 1st months tuition. Tuition is refundable under our withdrawal by parent policy. Once your registration is submitted a PLAY representative will contact you to regarding your requested start date. Request start dates are REQUESTS and PLAY makes no guarantees.

PARENT HANDBOOK

A copy of our Parent Handbook is available online. Please print or view it.

HOLIDAYS AND PROVIDERS VACATION

No care will be provided on the paid holidays per year. These Holidays will be billed as though care was provided.

SCHOOL HOLIDAYS

Martin Luther King, Jr. Day Presidents Day

Independence Day Labor Day

Memorial Day Cesar E. Chavez Day

Veterans Day Thanksgiving Holiday (Thursday and Friday)

Christmas Break (Last 2 weeks of December)

Summer Break (Week of 4th of July)

Spring Break (Week from Palm Sunday/Passover - Good Friday) Halloween - Half Day

P.L.A.Y. Reserves the right to take an additional 5 day off each school year for teacher service/training.

CHILD ILLNESS POLICY

Provider reserves the right to not provide care for a child who is, in the providers sole judgment, seriously ill or contagious, i.e., a child who provider feels would jeopardize the health of the other children being cared for. If a child is sent home due to illness, this will be considered an absence in accordance with Absence Policy.

ABSENCE POLICY

Full Tuition will be charged for all absences. No credits are given for absences and days may not be made up.

INFANT PROGRAM ENROLLEMENT & TUITON

Early Morning Drop off 5 Days(limited spaces)	(7:30 -8:00am)	 \$160 month
4 Day (Create your own schedule)	(8:00 -6:00 pm)	 \$2,062 month
5 Day Program	(8:00 -6:00 pm)	\$2,362 month

Infant families may drop off and pick up at any time between 8:00am - 6:00pm

2 Year Old Program Enrollment & Tuition

7:30- 9:00 a.m.	Early Morning Care	\$100.00/month (5 days) \$20 month (individual day)
9:00- 12:30 p.m.	2 Half Day 3 Half Day 5 Half Day	\$650/ month \$910/ month \$1,205/ month
9:00- 4:30 p.m.	2 Regular Day 3 Regular Day 5 Regular Day	\$910/month \$1,300/month \$1,555/month
4:30- 6:00 pm	Extended Care	\$100 month, (5 days) \$20 month (individual day)

Preschool Program (3-5) Enrollment and Tuition

7:30- 9:00 a.m.	Early Morning Care	\$100/month (5 days) \$20 month (individual day)
9:00- 12:30 p.m.	2 Half Day 3 Half Day 5 Half Day	\$620/ month \$900/ month \$1,165/ month
9:00- 4:30 p.m.	2 Regular Day 3 Regular Day 5 Regular Day	\$878/month \$1,245/month \$1,493/month
4:30- 6:00 pm	Extended Care	\$100 month, (5 days) \$20 month (individual day)

Spanish Emersion Program

PLAY offers a Spanish emersion program for Children ages 2-5. Priority registration in this program is given to returning families and siblings. Tuition rates for the emersion programs are additional 10% per child.

CANCELLATION BY PROVIDER

Provider reserves the right to terminate this contract at any time for any reason.

WITHDRAWAL OF CHILD (CHILDREN) BY PARENT

This contract may be terminated by parents/guardians upon 4 weeks/ 30 day written notice. Notification like tuition MUST BE DONE BY THE 1st of the month. Should a family notify P.L.A.Y. after the 1st of the month the family is responsible for the 2nd consecutive month's tuition. Example: Notification given Jan 2nd, parent is responsible for Jan and Feb. If Notification is given by Jan 1st parent is responsible for Jan tuition only. Should parent fail to give appropriate notice parent authorizes provider to charge total tuition amount listed under TOTAL MONTHLY TUITION for TWO MONTHS. All Fee's are non refundable.

A that the December Change	D. L.
Authorizing Parent Signature	Date
, tati lonizing i and it office of	Date

MODIFICATION / AMENDMENT

Provider reserves the right to modify and/ or amend this agreement upon four weeks written notice of any changes in the basic rates or services. No amendment or modification hereof shall be valid unless it is in writing and signed be all the parties. 4 week written notice is required by parent/ guardian to request a change in a child's schedule.

GUIDELINES FOR RELEASING CHILDREN

Provider will release a child only to the parents with legal custody or to the child's legal guardian, or to anyone the custodial parent has the authorized by prior arrangement with provider in writing, or to police or welfare workers with proper authorization.

DISCIPLINE POLICY

Corporal punishment (i.e. spanking or hitting will not be used.)

ENTIRE AGREEMENT

This agreement, together with those documents specific all incorporated herein by references, contains the entire agreement and understanding between the parties as to the subject matter hereof.

INVALID PROVISIONS

	The invalidity	or uner	nforceability	y of a	ny par	rticular	provision	hereo	f shall no	ot affe	ct the	other	provisions	hereof,
and this	agreement sh	all be co	onstrued in	all res	pects	as if s	such invali	id or ur	nenforce	able pr	ovisio	ns wei	re omitted	

WAIVER

No right under this contract shall be waived (lost) merely by delaying or failing to exercise it. Consent to one act shall not be considered consent to any other or subsequent acts. Any waiver of a default under this agreement must be in writing and shall not be a waiver of any other default concerning the same or any other provision of this agreement.

GOVERNING LAW

This agreement shall be governed and interpreted in accordance with the laws of the state of California.

RIGHT OF STATE LICENSING AGENCY

Upon verification of credentials full access to the children and their files may given to state licensing agents upon visitation to the center.

THE UNDERSIGNED HAVE READ AND UNDERSTAND THIS AGREEMENT.

Mother/ Guardian Printed Name	Signature	Date	
 Father/ Guardian Printed Name	 Signature		

Model Release for a Minor Child

In consideration of the engagement as a model of the minor named below, and for other good and valuable consideration that I acknowledge as having received, I hereby grant the following rights and permissions to P.L.A.Y. Silver Lake Preschool ("Photographer"), his/her legal representatives and assigns, those for whom Photographer is acting, and those acting with his/her authority and permission. They have the absolute right and permission to take, use, reuse, publish, and republish photographic portraits, pictures and video of the minor or in which the minor may be included, in whole or in part form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or a fictitious name, or reproductions of such photographs in color or otherwise, made through any medium at P.L.A.Y Silver Lake, and in any and all media now or hereafter known, including the internet, trade, or any other related purpose whatsoever. I also consent to the use of any published matter in conjunction with such photographs. I specifically consent to the digital compositing or distortion of the portraits or pictures, including without restriction any changes or alterations as to color, size, shape, perspective, context, foreground or background. I waive any right that I or the minor may have to inspect or approve any finished product or products or the advertising copy or printed matter that may be used in connection with such photographs or the use to which it may be applied. I release, discharge, and agree to hold harmless and defend Photographer (P.L.A.Y Silver Lake), his/her legal representatives or assigns, and all persons acting under his/her permission or authority or those for whom he/she is acting, from any liability by virtue of any reason in connection with the making and use of such photographs, including blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication of them, including without limitation any claims for libel or violation of any right of publicity or privacy. I hereby warrant that I am a legal competent adult and a parent or legally appointed guardian of the minor, and that I have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents of it. This release shall be binding upon the minor and me, and our respective heirs, legal representatives, and assigns.

Childs Name		
		Date
Father/ Guardian Printed Name	Signature	
		Date
Mother/ Guardian Printed Name	Signature	

Sunscreen Permission Slip



For the safety of your child(ren), it is encouraged to have sunscreen applied daily OR as needed. I give P.L.A.Y. Preschool staff members permission to apply sunscreen that is provided for my child(ren) to be applied liberally or as needed.

(Name of Child)	(Date)
(Name of Parent, Please Print)	(Signature)

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years - United States, 2016.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
l" dose	< _{2nd d}	lose>		∢		3 ^{sd} dose		>							
			dose 1"	2 nd											
			l* dose	2 nd dose		3 rd do	se <mark>≪</mark>	>					4 [±] dos	e	
			1" dose	2 nd dose		≪ See footi	note 4 🌫	3 ⁴ or 4 th			3 ⁴ dose				
			l" dose	2 nd dose		< ^{3^{nl} do}	sc	lose, See foot							
			1" dose	≸¤ dōsē				-4→							
					Annual	vaccination (I	IV only) 1 or 2	doses		Annual vac	cination (LAI	V or	Annual vacc	ination (LAIV	or IIV)
						≺ _{See}	foofnote 8				1" dose				
						∀	>				l" dose				
						٠			>		2-dose s	eries, See foo	tnote 10		
												See foc	tnote 11		
				1" dose	1 dose	1" dose 4200 dose> 4	1" dose 4 2 4 4 5 6 6 1" dose 2 4 1" dose 2 1" dose 2 4 1" dose 2 1" dose 2 4 1" dose 2 1" dose 2 4 1" dose 2 1" dose 2 4 1" dose 2 1" dose 2 4 1"	1" dose 1" dose 2" dose 3" dose	1" dose 2" dose 3" dose	1" dose 2" dose 3" d	1" dose 2" dose 3" d	1" dose 2" d	1" dose 2" dose 3" d	1" dose	1 mo

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and | feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm) or by telephone (800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/acip), the American Academy of Pediatrics (http://www.aap.org), the American Academy of Family Physicians (http://www.aafp.org), and the American College of Obstetricians and Gynecologists (http://www.acog.org).

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART /	A – PARENT'S	CONSENT (TO	BE COMPL	ETED B	Y PARENT	Γ)		
	, born				is being	studied	for readines	s to enter
(NAME OF CHILD)		,	TH DATE)					
(NAME OF CHILD CARE CENTER/SCHOO	This	Child Care Cente	er/School pro	ovides a p	orogram wh	nich exter	nds from	:
a.m./p.m. toa.m./p.m. ,	days a week.							
Please provide a report on above-name report to the above-named Child Care (orm below. I here	oy authorize	release	of medical	informati	ion containe	d in this
	(SIGNATURE OF	PARENT, GUARDIAN, OR	CHILD'S AUTHOR	RIZED REPRI	ESENTATIVE)		(TODA)	('S DATE)
PART B	– PHYSICIAN'S	REPORT (TO	BE COMPL	ETED B	Y PHYSICI	AN)		
Problems of which you should be aware:								
Hearing:		A	llergies: medicin	10:				
Vision:		lı .	sect stings:					
Developmental:		F	ood:					
Language/Speech:		<u> </u>	sthma:					
Dental:								
Other (Include behavioral concerns):								
Comments/Explanations:								
IMMUNIZATION HISTORY: (Fi	ll out or enclos		munization			298.)		
VACCINE	1st	2nd	3rd		4t	h	51	h
POLIO (OPV OR IPV)	/ /	/ /	/	/	/	/	/	/
DTP/DTaP/ (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/		/	/	/	/
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /						
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/	/	/	/		
HEPATITIS B	/ /	/ /	/	/				
VARICELLA (CHICKENPOX)	/ /	/ /						
SCREENING OF TB RISK FACTO	RS (listing on reve	rse side)						
☐ Risk factors not present; TB	skin test not require	ed.						
Risk factors present; Mantou	x TB skin test perfo	ormed (unless						
previous positive skin test do	•	•						
Communicable TB disea	ase not present.							
I have have not	reviewed the	above information	with the pare	ent/guard	lian.			
Physician:		Date	of Physical					
Address: Telephone:		Date	This Form (ature	Complete	ed:			
releptione.		_		7 5:		!-!!	7 N	D
LIC 701 (8/08) (Confidential)		✓	Physician	√ Ph	iysician's A	ssistant	✓ Nurse	Practition

LIC 701 (8/08) (Confidential)

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(DATE)

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
 - (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

Dept Of Social Servies		
1000 Corporate Center Dr. Ste 200b		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Montery Park	91754	323-981-3350
	DETACH HERE	
TO: PARENT/GUARDIAN/CHILD OR AUTHORIZE	ED REPRESENTATIVE:	PLACE IN CHILD'S FILE
TO: PARENT/GUARDIAN/CHILD OR AUTHORIZE Upon satisfactory and full disclosure of the personal		
	rights as explained, complete the following acl	knowledgment:
Upon satisfactory and full disclosure of the personal ACKNOWLEDGMENT: I/We have been personal	rights as explained, complete the following acl	knowledgment: the personal rights contained in the
Upon satisfactory and full disclosure of the personal ACKNOWLEDGMENT: I/We have been personal California Code of Regulations, Title 22, at the time of	rights as explained, complete the following acl lly advised of, and have received a copy of of admission to:	knowledgment: the personal rights contained in the

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

	,								
CHILD'S NAME	LAST		MIDDLE	FIF	RST	SEX	TELEPH	ione)	
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHDATE		
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST MIDDLE						FIRST BU		SS TELEPHONE	
							(1	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP		ELEPHONE	
							()	
MOTHER'S/GUARDIAN	S/MOTHER'S DOMES	TIC PARTNER'S NAME LAST	MIDDLE		FIRST		BUSINE	SS TELEPHONE	
							()	
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME T	ELEPHONE	
							()	
PERSON RESPONSIB	PERSON RESPONSIBLE FOR CHILD LAST NAME		MIDDLE FIRST		HOME TELEPHONE		BUSINESS TELEPHONE		
)	()	
ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY									
	NAME			ADDRESS		TELEPHON	1E	RELATIONSHIP	
		PHYSICIAN	OR DENTIST	TO BE CALLED IN	AN EMERGE	NCA			
PHYSICIAN		ADDR				N AND NUMBER	TELEPH	IONE	
							()	
DENTIST		ADDR	ESS		MEDICAL PLA	N AND NUMBER	TELEPH	HONE	
								()	
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?									
CALL EMERGENCY HOSPITAL OTHER EXPLAIN:									
(CHIL	D WILL NOT BE ALL	NAMES OF PERSOWED TO LEAVE WITH ANY		IZED TO TAKE CHI THOUT WRITTEN AUTHOR			ED REPRI	ESENTATIVE)	
						DEL ATIONICHID			
NAME						RELATIONSHIP			
TIME CHILD WILL BE	CALLED FOR								
SIGNATURE OF PARE	NT/GUARDIAN OR AUT	HORIZED REPRESENTATIVE			DATE				
TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE									
DATE OF ADMISSION				DATE LEFT					
LIC 700 (9/09)/CONEI	DENTIAL)								

LIC 700 (8/08)(CONFIDENTIAL)

CONSENT FOR EMERGENCY MEDICAL TREATMENT-Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO									
P.L.A.Y. Silver Lake	O OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE								
PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR									
NAME	. THIS CARE MAY BE GIVEN UNDER								
WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD									
NAMED ABOVE.									
CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:									
DATE	PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE								
HOME ADDRESS									
HOME PHONE	WORK PHONE								
()	()								

LIC 627 (9/08) (CONFIDENTIAL)