



REGISTRATION AGREEMENT 2020- 2021

Child's Name _____ Boy /Girl Date of Birth _____

Program Applying For: Infant(0 -24months) _____ Preschool (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 THE NUMBERS LISTED BELOW IF PARENTS/ GUARDIANS CANNOT BE REACHED AT THE PHONE NUMBERS ABOVE.

Additional Emergency Contact & Phone Number (1) _____

Additional Emergency Contact & Phone Number (2) _____

Doctor's Name and Phone Number To Contact In An Emergency: _____
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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 \$750 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 4 th 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 - Lime Classroom (Ages 3 months -12 months)

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)	_____	\$2,385 month
5 Day Program	(8:00 -6:00 pm)	_____	\$2,815 month

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

INFANT PROGRAM - Lemon Classroom (Ages 13 months -24 Months)

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)	_____	\$2,165 month
5 Day Program	(8:00 -6:00 pm)	_____	\$2,512 month

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

Preschool Program (Ages 2-5)

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	\$725/ month
	3 Half Day	\$1005/ month
	5 Half Day	\$1,255/ month
9:00- 4:30 p.m.	2 Regular Day	\$1005/month
	3 Regular Day	\$1,385/month
	5 Regular Day	\$1,755/month
4:30- 6:00 pm	Extended Care	\$100 month, (5 days) \$20 month (individual day)

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.

Authorizing Parent Signature _____ 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 unenforceability of any particular provision hereof shall not affect the other provisions hereof, and this agreement shall be construed in all respects as if such invalid or unenforceable provisions were 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

Date

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

Father/ Guardian Printed Name

Signature

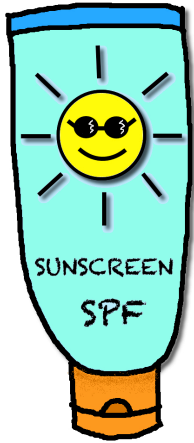
Date

Mother/ Guardian Printed Name

Signature

Date

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)

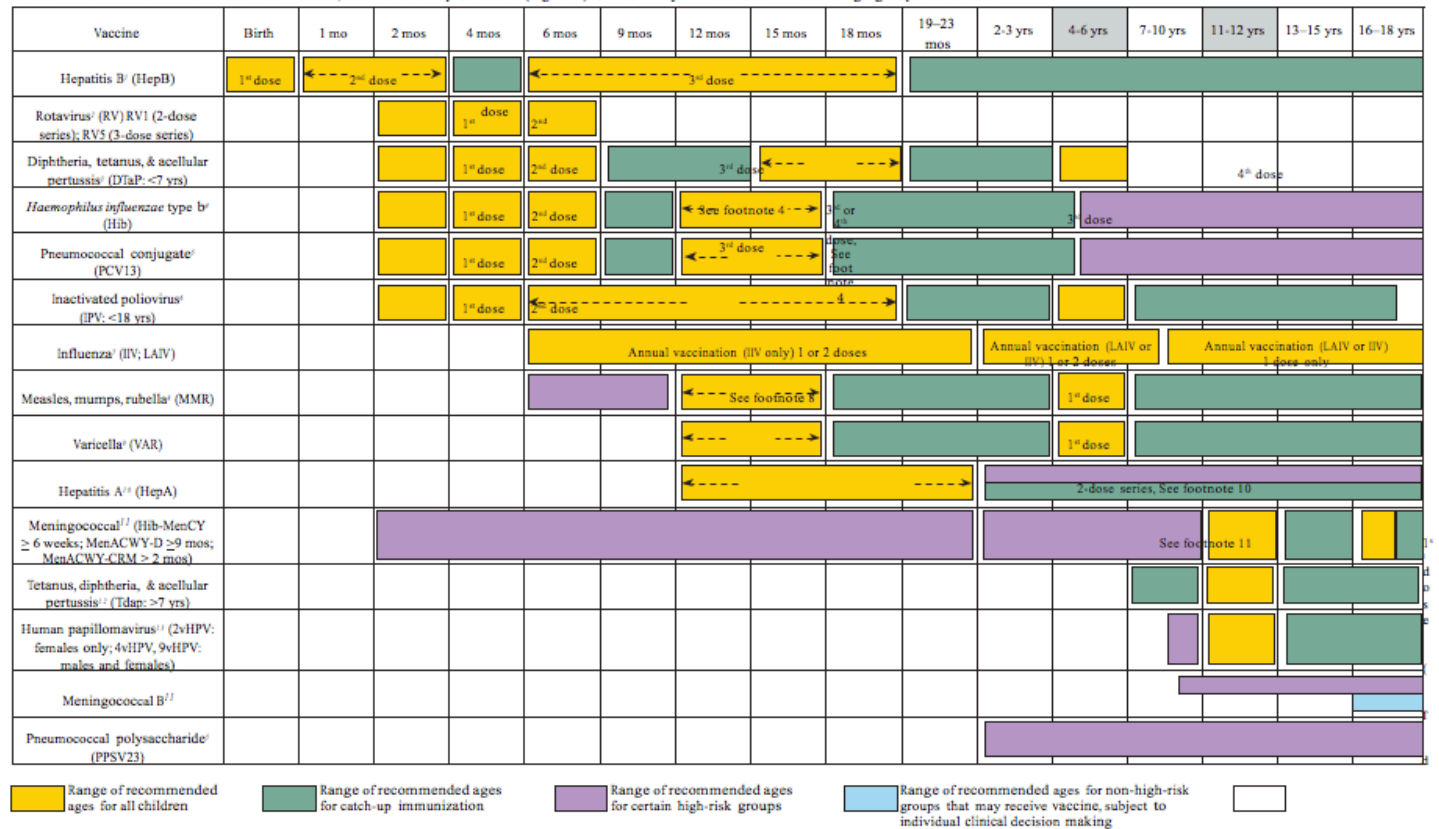
(Name of Parent, Please Print)

(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.



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-CDC-INFO [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 COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ Insect stings: _____
Developmental: _____ Food: _____
Language/Speech: _____ Asthma: _____
Dental: _____
Other (Include behavioral concerns): _____
Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTap/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (HAEMOPHILUS B))	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____ Date of Physical Exam: _____
Address: _____ Date This Form Completed: _____
Telephone: _____ Signature _____

Physician Physician's Assistant Nurse Practitioner

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:

NAME

Dept Of Social Servies

ADDRESS

1000 Corporate Center Dr. Ste 200b

CITY

Monterey Park

ZIP CODE

91754

AREA CODE/TELEPHONE NUMBER

323-981-3350

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

P.L.A.Y. Silver Lake

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

2000 Hyperion Ave LA CA 90027

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

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

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE ()
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL
 OTHER
 EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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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 _____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

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

()