

REGISTRATION AGREEMENT 2024- 2025

Child's Name	Boy /Girl	Date of Birth
Program Appling For: Infant(0 - 24months)	Preschool (2 – 5)Requeste	ed Start Date:
Parent/Guardian's Name	Date of	⁻ Birth
Home Address	City	Zip
Cell Phone ()	Home Phone ()	
Occupation	Work Phone ()	
Email Address		
Parent/Guardian's Name	Date o	f Birth
Home Address	City	Zip
Cell Phone ()	Home Phone ()	
Occupation	Work Phone ()	
Email Address		
PLEASE NOTE: IN THE EVENT OF AN EMERGENCY, WE WIL	L CALL THE NUMBERS LISTED BELOW IF PARE PHONE NUMBERS ABOVE.	NTS/ GUARDIANS CANNOT BE REACHED AT THE
Additional Emergency Contact & Phone Number (1)		
Additional Emergency Contact $oldsymbol{\delta}$ Phone Number (2)		
Doctor's Name and F	Phone Number To Contact In A	An Emergency:

CENTER HOURS

Our operating hours are: Infant Center 8:00 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 regarding your requested start date. Request start dates are REQUESTS and PLAY makes no guarantees. Parents may not change the requested start date once submitted and agreed upon. If a change is needed the family must reapply with a new requested start date and start the registration process from the beginning or pay tuition to keep the space. Registration can not be held in perpetuity. PLAY bills tuition by the month and partial month charges/ refunds are not permitted.

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 the	eacher 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

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 PLAY 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. Should a new family request a new start date after the previous date was agreed to a new contract with the new requested start date must be submitted. Fees and tuition are nontransferable.

Authorizing Parent Signature

Date

INFANT PROGRAM - Lime Classroom (Ages 3 months -12 months)

Early Morning Drop off 5 Days(limited spaces)	(7:30 -8:00am)	 \$179 month	
4 Day (Create your own schedule)5 Day Program	(8:00 -6:00 pm) (8:00 -6:00 pm)	 \$2,757 month \$3,230 month	

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

INFANT PROGRAM - Lemon	n Classroom (Ages 1	3 months -24 Months)
Early Morning Drop off 5 Days(limited spaces)	(7:30 -8:00am)	\$179 month
4 Day (Create your own schedule) 5 Day Program	(8:00 -6:00 pm) (8:00 -6:00 pm)	\$2,485 month \$2,890 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	\$132.00/month (5 days) \$27 month (individual day)
9:00- 12:30 p.m.	2 Half Day 3 Half Day 5 Half Day	\$840/ month \$1,167/ month \$1,495 month
9:00- 4:30 p.m.	2 Regular Day 3 Regular Day 5 Regular Day	\$1,167/month \$1,655/month \$2050/month
4:30- 6:00 pm	Extended Care	\$132 month (5 days) \$27 month (individual day

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.

CONFLICT RESOLUTION

When children have a conflict, we use the technique called "reporting," we do not use timeouts. We observe and summarize what we saw, we give the children the opportunity to express their side and then we encourage the children to solve the issue at hand by modeling verbally what they can do.

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.

Non Solicitation of PLAY Preschool Employees

Teachers and employees of PLAY may not be hired to care for children and families who are currently enrolled in the school.

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.

Parent/ Guardian Printed Name

Signature

Date

Parent/ 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

Mother/ Guardian Printed Name

Signature

Date

Date_

Sunscreen Permission Slip



For the safety of your child, we encourage parents to bring/provide sunscreen for their child to wear while outside. By signing this form, parents give PLAY Preschool's staff consent to apply sunscreen when needed.

(Name of Child)

(Date)

(Name of Parent, Please Print)

(Signature)

In accordance with California state law, PLAY requires all children to be immunized.

A copy of shot requirements is provided below.

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.

Vaccine	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
Hepatitis B ^j (HepB)	1" dose	< _{2nd}	dose>				- 3 ^{ad} dose -		>							
Rotavirus' (RV) RV1 (2-dose series); RV5 (3-dose series)				dose 1"	2 nd											
Diphtheria, tetanus, & acellular pertussis' (DTaP: <7 yrs)				l" dose	2 ^{se} dose		3 rd de	s. <mark>*</mark>	>					4ª do		
Haemophilus influenzae type b' (Hib)				1" dose	2 ^{ad} dose		≪ See foot	note 4 >	3 ⁴⁶ or 4 ¹⁸			3ª dose		ûs. T	ís :	i.
Pneumococcal conjugate (PCV13)				1" dose	2 nd dose		<	ose>	dose, See foot							
Inactivated poliovirus (IPV: <18 yrs)				1" dose	≸ ≊ dose				<u>-4</u>							
Influenza' (IIV; LAIV)						Annual	vaccination (IIV only) 1 or	2 doses		Annual vac	cination (LA)	IV or	Annual vaco	ination (LAIV	or IIV)
Measles, mumps, rubella' (MMR)							< See	foofnöfe है				l"dose				T T
Varicella ^v (VAR)							۲	>				l"dose				
Hepatitis A ^{/+} (HepA)							۰			>		2-dose s	eries, See foo	otnote 10		
Meningococcal ¹² (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥ 2 mos)							1						See for	tnote 11		
Tetanus, diphtheria, & acellular pertussis ¹² (Tdap: >7 yrs)			-	~								_				
Human papillomavirus ¹⁷ (2vHPV: females only; 4vHPV, 9vHPV: males and females)																
Meningococcal B ¹¹																
Pneumococcal polysaccharide (PPSV23)	*	8		4												

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 tis equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cde.gov/vaccines/hep/acip-recs/index.html. Clinically significant waters events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vacrs.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.edc.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)

(NAME OF CHILD)

(BIRTH DATE)

is being studied for readiness to enter

(NAME OF CHILD CARE CENTER/SCHOOL)

_, born ____

____. This Child Care Center/School provides a program which extends from _____:

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:	8
Vision:	Insect stings:	
Developmental:	Food:	
Language/Speech:	Asthma:	
Dental:		
Other (Include behavioral concerns):		
Comments/Explanations:		
MEDICATION PRESCRIBED/SPECIAL BOUTINES/BEST	RICTIONS FOR THIS CHILD:	2

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

VACCINE	DATE EACH DOSE WAS GIVEN										
VACCINE	19	st	21	nd	3	rd	4	th	51	th	
POLIO (OPV OR IPV)	1	1	/	1	1	1	1	1	1	1	
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	1	/	/	/	/	/	/	/	1	1	
MMR (MEASLES, MUMPS, AND RUBELLA)	1	1	1	1							
(REQUIRED FOR CHILD CARE ONLY) HIB MENINGITIS (HAEMOPHILUS B)	1	/	/	1	/	1	/	/			
HEPATITIS B	1	1	/	1	1	1	20				
VARICELLA (CHICKENPOX)	/	/	/	1			_				
SCREENING OF TB RISK FACTOR Risk factors not present; TB s Risk factors present; Mantoux previous positive skin test doo Communicable TB diseas	kin test TB skin cumente se not pr	not requir test perf d). resent.	ed. ormed (un								
I have have not					with the pa						
Physician: Address:											
Telephone:					Date This Form Completed:Signature						
to we consider an					Physician	P	hysician's	Assistant	Nurse	Practitioner	

LIC 701 (8/08) (Confidential)

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 Services							
ADDRESS							
1000 Corporate Center Dr							
СІТҮ	ZIP CODE	AREA CODE/TELEPHONE NUMBER					
Montery Park	91754						
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)	(PRINT THE ADDRESS OF THE FACILITY)
PLAY Preschool	2828 Glendale Blvd La Ca 90039
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TILE OF THE REPRESENTATIVE/PARENT/GOARDIAN)	(DATE)

(0.175)

LIC 613A (8/08)

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

To Be Compl	eted by _A Raren	t or Authorized F	lepresentative	ADDRESS		TELEPH	ONE	RELATIONSHIP
CHILD'S NAME	LAST		MIDDLE	FIR	IST	SEX	TELEPH	one)
ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	BIRTHD	ATE
EATHER'S/GUARDIAN	"S/FATHER'S DOMEST	IC PARTNER'S NAME L	AST MI	DDLE	FIRST		BUSINE	SS TELEPHONE
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	номет	elephone)
MUTHER S/GUABDIA	NS/MOTHER'S DOMES	STIC PARTNER SINAME L	AST MIDDLE		FIRST		BUSINE	SS TELEPHONE
HOME ADDRESS	NUMBER	STREET		CITY	STATE	ZIP	HOME T)
PERSON RESPONSI	BLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME T	ELEPHONE	BUSINE	SS TELEPHONE
				O MAY BE CALLED				/
PHYSICIAN			ADDRESS			L PLAN AND NUMBER	TELE	EPHONE)
DENTIST			ADDRESS		MEDICA	L PLAN AND NUMBER	TELE	EPHONE)
		THAT ACTION SHOULD BE 1						
L CALL EMER	GENCY HOSPITAL		EXPLAIN:					
		NA	WE			RE	ELATIO	NSHIP
		NAMES OF P	EBSONS AUTHOR	RIZED TO TAKE CHII		IE FACILITY		
(CHIL	D WILL NOT BE ALL			ITHOUT WRITTEN AUTHOR			ED REPR	ESENTATIVE)
SIGNATURE OF PARE	ent/guardian or au	THORIZED REPRESENTATI	78				DATE	
	TO BE COM							
DATE OF ADMISSION		PLETED BY FAC	ILITY DIRECTOR/	ADMINISTRATOR/F		CARE HOMES		
LIC 700 (8/08)(CONF	IDENTIAL)							
TIME CHILD WILL BE	CALLED FOR							

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

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

. 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

ADD LIC 702

ON THIS PAGE

Lic 995 on this page