



## REGISTRATION AGREEMENT 2024- 2025

Child's Name \_\_\_\_\_ Boy /Girl Date of Birth \_\_\_\_\_

Program Applying For: Infant(0 -24months) \_\_\_\_\_Preschool (2 – 5) \_\_\_\_\_Requested 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 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:**

\_\_\_\_\_

## 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 1<sup>st</sup> 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

Independence Day

Memorial Day

Veterans Day

Christmas Break (Last 2 weeks of December)

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

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

Presidents Day

Labor Day

Cesar E. Chavez Day

Thanksgiving Holiday (Thursday and Friday)

Summer Break (Week of 4<sup>th</sup> of July)

Halloween - Half Day

## 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 1<sup>st</sup> of the month. Should a family notify PLAY after the 1<sup>st</sup> of the month the family is responsible for the 2<sup>nd</sup> consecutive month's tuition. Example: Notification given Jan 2<sup>nd</sup>, parent is responsible for Jan and Feb. If Notification is given by Jan 1<sup>st</sup> 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)	(8:00 - 6:00 pm)	_____	\$2,757 month
5 Day Program	(8:00 - 6:00 pm)	_____	\$3,230 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)	_____	\$179 month
4 Day (Create your own schedule)	(8:00 - 6:00 pm)	_____	\$2,485 month
5 Day Program	(8:00 - 6:00 pm)	_____	\$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	\$840/ month
	3 Half Day	\$1,167/ month
	5 Half Day	\$1,495 month
9:00- 4:30 p.m.	2 Regular Day	\$1,167/month
	3 Regular Day	\$1,655/month
	5 Regular Day	\$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 by 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.





# 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.

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(Name of Child)

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(Date)

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(Name of Parent, Please Print)

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(Signature)



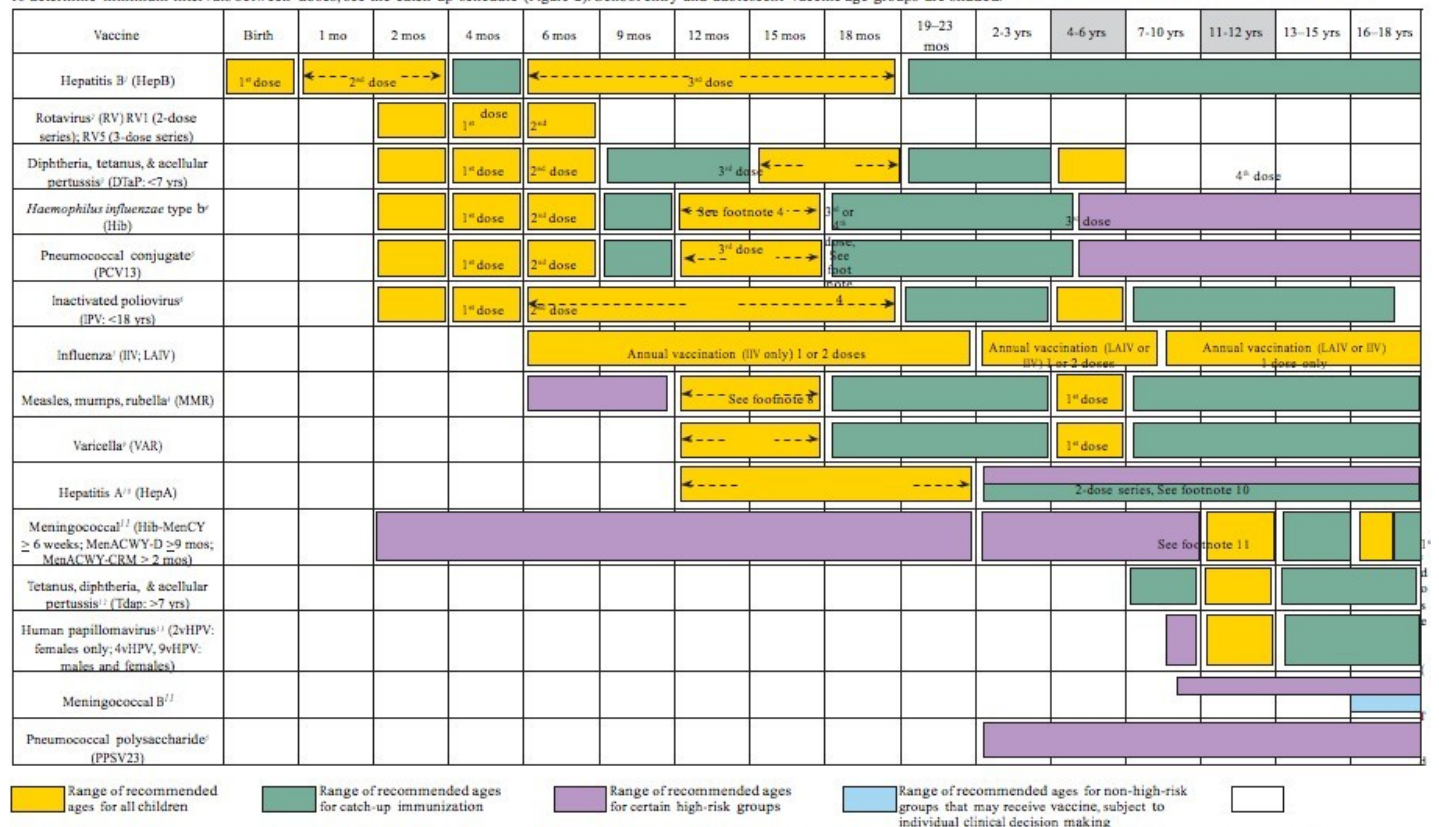
In accordance with California state law, PLAY requires all children to be immunized.

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.



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 Services		
ADDRESS		
1000 Corporate Center Dr		
CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Monterey 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)	(DATE)

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

<b>To Be Completed by Parent or Authorized Representative</b>				<b>ADDRESS</b>		<b>TELEPHONE</b>		<b>RELATIONSHIP</b>
CHILD'S NAME	LAST	MIDDLE	FIRST			SEX	TELEPHONE	
							( )	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP		BIRTHDATE	
FATHER'S/GUARDIAN/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST				BUSINESS TELEPHONE	
							( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP		HOME TELEPHONE	
							( )	
MOTHER'S/GUARDIAN/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST				BUSINESS TELEPHONE	
							( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP		HOME TELEPHONE	
							( )	
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST			HOME TELEPHONE	BUSINESS TELEPHONE	
						( )	( )	

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY  
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: \_\_\_\_\_

NAME	RELATIONSHIP

**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)

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	DATE LEFT

LIC 700 (8/08)(CONFIDENTIAL)

TIME CHILD WILL BE CALLED FOR



ADD LIC 702

ON THIS PAGE

Lic 995 on this page