

Preschool Fall Enrollment for Currently Enrolled Students

Please complete the attached re-enrollment form if you registered with us PRIOR to this summer (June 2019) or if you have any changes to your information on file. If you registered with us after June 1, 2019 you do NOT need to complete this form unless your information has changed, you would like to request a different enrollment schedule for Fall, or you have updated immunization records.

Currently enrolled students have first choice and priority for available space in the Fall session

Please return this form by July 31st to guarantee your preferred enrollment days/times

Open enrollment for new students begins August 1st so we will not be able to guarantee your spot if we do not receive this form on time

Our official Fall Session begins on Tuesday, September 3rd and we will continue with our open flexible summer enrollment through the end of August. If your enrollment request for August will be different than your fall requests please submit your calendar dates to us by July 31st also for August.

Sunscreen Application Policy Update

After consultation with our Nurse Consultant, along with research of standard practices of the child care industry, we are updating our sunscreen application procedures effective September 1st. Our new application procedure will allow for the most sanitary conditions for all of our students and these changes are being made with their health in mind.

- For faces: sunscreen sticks will be used for students – each student will have their own individual stick
- For body: spray sunscreen (mist and/or pump) will be used – this will be applied in a well-ventilated area

If you would like to provide your own brand of sunscreen for your child it must adhere to the form listed above (stick and/or spray only). Please note no lotion sunscreen will be used unless there is a medical condition of your child requiring it.

If you do NOT want us to apply sunscreen to your child, and you will provide an alternative method of sunscreen (hat, jacket, long sleeves/pants, etc.) as well as apply sunscreen prior to dropping off, you must inform us IN WRITING prior to September 1st so we can update our records and indicate it in your file.



Preschool Enrollment Packet for Current Enrolled Students
Fall 2019 – Spring 2020

Student Name: Date of Birth:

Indicate your planned enrollment below for our Fall Session that officially begins on Tuesday, September 3rd

NOTE: This form is required to continue with our programs – submit by July 31st to guarantee space on your preferred days/times

I would like to keep our current enrollment schedule with NO CHANGES

I would like to change my schedule and have my child attend as indicated below:

*Full day: 7:30 – 5:15 p.m.

*Morning Session: 7:30 – 12:30

*Afternoon Session: 12:15 – 5:15 p.m.

- Monday: Full Day Morning Afternoon
Tuesday: Full Day Morning Afternoon
Wednesday: Full Day Morning Afternoon
Thursday: Full Day Morning Afternoon
Friday: Full Day Morning Afternoon

NOTE: please remember that school-year enrollment must be consistent and payment is due on the 1st of each month to reserve and hold your space; there are no refunds or make-up days for non-attendance; changes to schedule, drop-ins and extended days are only available if space allows (you must contact us in advance to request alternate attendance)

Complete the following information regarding updates to your current information on file. Please attach additional pages if necessary.

Address: No Change Update to:

Email: No Change Update to:

Phone Contact: No Change Update to:

Emergency Contacts: No Change
Add:
Remove:

Persons Authorized to Pick Up your Child:
No Change
Add:
Remove:

Use of Sunscreen: No Change – CAPLC is still able to apply sunscreen per our updated sunscreen application policy (effective September 1st, 2019 application via sunscreen stick and spray only)
I do NOT give permission for CAPLC to apply sunscreen and will apply sunscreen before I drop off my student and provide an alternative form of sunscreen for afternoon play (long sleeves/pants, hat, etc.);

*NOTE: if you would like to provide sunscreen for your child, please label it with their name and make sure it is not expired (it is your responsibility to keep it current throughout the year); stick and spray form only

Medical/Health Information (allergies, food or activity restrictions, medications, etc.): *all medication must be current (not expired), labeled with child's name and a current medical administration form must be on file*

- No Change
- Add (*medical administration form must be attached*):
- Remove:

Medical Contacts: Physician, Dentist, and Hospital of Choice

- No Change
- Update to:

Authorization for Emergency Medical Care – Annual Renewal Required

I/We, hereby grant Creative Avenues Preschool and Learning Center permission to take whatever action in its judgment may be necessary in supplying emergency medical services to We understand that, consistent with the circumstances of the situation and available time, the Center will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated by us in Emergency Contacts. In the event the Center is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to the Center to contact and comply with the advice of an available physician, emergency services personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by the Center in making emergency medical treatment available to the above named child.

.....
 Parent/Guardian Signature Date

 Change to Custody Agreements: please list (and include court documents if required) any new or changed custody agreements

Any other changes or updates to your information on file – please list (attach extra pages if necessary):

Other required information/forms that must be completed prior to September 3rd

- A copy of your child's updated immunization records (if they have received new shots and you have not provided those to us)
- A statement of health from your physician (required annually; please submit if you have not provided one in 2019; copy of most recent well child check is acceptable if you do not want to use our form provided in this packet)
- Automatic Payment Authorization form (new form required annually)
- An updated family photo (optional to include on our family tree wall)

.....
 Parent/Guardian Signature Date

.....
 Parent/Guardian Signature Date



Automatic Payment Authorization for 2018 – 2019 School Year

Your monthly tuition will automatically be charged to a credit/debit card on the 1st of each month – unless we receive full payment prior to this date. An invoice will be emailed to you upon registration with your anticipated monthly payment amount. To withdraw or change your current registration, written notice must be given 15-days in advance to allow processing time. Any unused tuition will not be refunded. Please provide us any updates to this information if it changes to avoid late fees on your account.

Student Name(s)

Parent Name

Email Address (to receive monthly invoices):

Payment Information:

Card Type: Visa MasterCard

Card Number Expiration Date (mm/yy):

Name of Cardholder: V-Code (3-digit code on back):

Billing Address of Cardholder : Zip:

Signature of Cardholder

Please read the following information regarding this automatic service:

1. The charge will appear on your card statement each month from "Creative Avenues". The charge will be made on/about the first of each month. If a payment due date occurs on a weekend, the payment will be deducted on the next available business day.
2. If the charge on the card on file is declined, late fees will apply to your balance. If you prefer to pay by cash or check, payment must be received prior the 1st of each month (otherwise your card on file will be charged).
3. A receipt will be emailed and/or given to you upon request.
4. If your card expires or is no longer available, please notify our office immediately to provide new card information. Any declined cards are subject to late fees until payment is made.

For Office Use:

Date form received:

Charge Amount Details (amount charged, date, reference #):

September	.....	.....	.....	March	.....	.....	.....
October	.....	.....	.....	April	.....	.....	.....
November	.....	.....	.....	May	.....	.....	.....
December	.....	.....	.....	June	.....	.....	.....
January	.....	.....	.....	July	.....	.....	.....
February	.....	.....	.....	August	.....	.....	.....

Statement of Health – Must be Completed by HEALTH CARE PROVIDER Annually
a copy of the most recent well-child check may be used in place of this form if it occurred within the current year

Child's Name: Date of Birth:

Significant Health Concerns:

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Dietary Restrictions |
| <input type="checkbox"/> Other | | |

Explain above concerns and, if necessary, include instructions to child care providers.

Are there restrictions to the child participating in any activities? YES NO

If yes, please describe.

I find, to be in good health and able to attend Creative Avenues Learning Center.

.....
Physician Signature

.....
Date

A copy of your child's current immunization records must accompany this form