

Do not leave blanks on this form



Early Learning Place
7001 Trail Lake Drive
Fort Worth, TX 76133
817-292-1155 phone



Admissions Forms (please do not leave blanks)

Child's Name _____ Date of Birth _____

Age as of September 1 _____ Class Placement is based on Age Sept.1

Parent's/Guardian's Name(s) _____

Home Address _____ City _____ zip _____

Home Address (if different than child's address) _____

Email Address(es) _____

Home Phone _____ Cell(Mom) _____ Cell(Dad) _____

In case of Emergency and you cannot be reached:

Name of Contact _____ Phone _____

Enrollment: Monday Tuesday Wednesday Thursday **(please circle)**

Two or Four Day Classes - Class Placement based on Age as of September 1

Toddlers (18-23 mos) Twos Threes Fours **(circle class)**

Hours 9-2pm (late fees after 2:00)

Date of Admission _____ Date First Day of ELP _____

Date of Withdrawal _____ (a month's notice required with tuition paid to month's end before withdrawal from our program)

Parent Signature _____ Date _____

List any special problems your child may have been diagnosed with, including illness, surgeries, injuries, hospitalization, allergies, and medications. If your child has allergies, please provide a Doctor's Directive for Care for your child's condition (if you child has no problems please write N/A for not applicable:

My Child _____ has a current immunization record on file (attached) at the Early Learning Place as of _____ (date)

All children turning 4 years of age must have a Vision and Hearing Screening on file at the preschool. My child has a Vision and Hearing Screening on file at the preschool as of _____ (date)

Check All that Apply

I hereby give permission/consent for my child to:

- ____ have emergency care and transportation if necessary
- ____ to be transported by those people listed as authorized to pick up my child from preschool and in case of emergency
- ____ I do not give consent for my child to be transported by anyone (except in case of emergency).

Water Activities

- ____ I give consent for water play at preschool (water table)
- ____ I do not give consent for water play at preschool (water table)

Parent Signature _____ Date _____

I have read the following: (found on our website)

wpcfw.org/earlylearningplacepreschool

____ Early Learning Place Operational Handbook

____ Early Learning Place Emergency Response Handbook

____ Discipline and Guidance Policy (attached)

(hard copies are found in the Director's Office)

My Child is seen yearly by a physician and is able to participate in preschool activities. The physician has signed the document attached

I have also attached current immunizations and promise to provide updated forms each preschool year or when my child receives any immunizations during preschool year.

Parent Signature _____ Date _____

Early Learning Place

Authorized Designated Pick-Up List for my Child

Child's Name _____ Parents _____

I hereby authorize the Early Learning Place to allow my child to leave the preschool **ONLY** with the following persons. (Please List ALL of the following information in order to comply with Childcare Licensing Regulations)

Name	Address	Phone	DL# (REQUIRED)

Children will only be released to a parent or person designated by the parent or guardian after verification of an ID. (Please feel free to attach copies of ID identification when possible) Please inform all those authorized to pick up your child that ELP will require a photocopy of a valid ID to ensure security and safety regulations. **Late Fees are charged after 2:00 PM and are paid to the staff member waiting with your child (ren). The charge is \$5.00 for every five minutes you or your authorized pick-up designees arrive late.**

Discipline and Guidance Policy for

Name of Operation: **The Early Learning Place**

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self- control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature: _____

Circle one please: parent guardian relationship:

Parent Agreement and Contract

I, _____ agree that my child will attend the Early Learning Place preschool on Monday Tuesday Wednesday Thursday (**circle all days child attends**)

Name of Child _____ beginning on _____.(month) (day) (year)

Please initial each item – Do not leave any blanks on this form

___ I will pay Monthly Tuition of \$ _____ payment is due no later than 2 pm on the 3rd of each month , Including holidays. I understand that tuition is not adjusted for inclement weather, illness or personal vacations. Payment after 2pm on the 3rd of each month is late, add \$25.

___ I will provide my child a daily lunch, snack and beverage and am solely responsible for the nutritional value of the food I am providing for my child. ELP is not responsible for nutritional content.

___ *Tuition paid after 2 pm on the 3rd of every month is considered late, a late fee of \$25 will be applied when late. My child will be withdrawn from ELP the second week of the month and cannot return to preschool until tuition and late fees are current.*

___ I understand that supply fees are broken into two payments of \$ _____, for a total of \$ _____. The first supply fee is due with yearly registration and the second payment is due in December of each preschool year. **The supply fee is not refundable.**

___ My child will be in care between the hours of **9:00a.m.** and **2:00p.m.** each day that they attend preschool. *Picking up my child late will require that I pay a late fee of \$5.00 for every five minutes I am late picking up my child, and is payable immediately.*

___ I understand that children three years and older must be potty trained.

___ When I withdraw my child from preschool, I will give the preschool at **one month's advance notice and pay tuition to the end of noted month.**

___ I understand that sick children are not to attend preschool, including those with fever or stomach problems in the previous 48 hours, contagious diseases, or any illness that prevents my child(ren) from enjoying regular preschool activities should stay home. Children must be fever free without medication.

___ I understand that I have 60 days after my child turns FOUR YEARS OLD to have my child's **Hearing and Vision Screening** tested by a physician or certified Hearing and Vision specialist. I understand that this is required by law and must be in my child's preschool records.

___ I understand that incomplete admission records will keep my child from attending regular preschool classes at the Early Learning Place. ELP reserves the right to withdraw your child from preschool without current and complete admission records.

___ I understand that I am responsible for updating all preschool admission requirements when necessary.

___ I understand that it is important to share ELP guidelines with all those people listed on my admissions forms, including illness policies, late pick charges and emergency procedures.

___ I give permission for my child to be photographed to share activities with parents on Facebook.

___ *I have read and understand the ELP Handbook and Operational Policies and the ELP Emergency Response Handbook.*

Signature-Parent _____ Director _____ Date _____



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DATE: _____

The Last Check-up for _____ (child's name)

Was Done On _____ (date of exam)

Vision and Hearing Screening (**required for all Four Year Olds**)

VISION	R 20/_____	L 20/_____	PASS	FAIL
HEARING	1000 Hz	2000 Hz	4000 Hz	PASS FAIL
R				
L				

PHYSICIAN SIGNATURE SCREENING _____

DATE _____

THIS SECTION MUST BE COMPLETED FOR ALL CHILDREN.

This Child is Physically Able to Participate in:

PRESCHOOL

-Immunizations are current as of today (Please attach forms signed by Physician)

-This Child has a Doctor's Directive for Treatment

for _____

(Directive attached and signed by Physician)

This form must be signed by your Child's Physician

Doctor's Signature: _____

Address: _____

Phone: _____

EARLY LEARNING PLACE ON FACEBOOK

DATED: _____

I give permission to have preschool activity photos posted on the Early Learning Place FB Page. I understand that my child may be photographed for the purpose of sharing preschool activities with other parents and that photos are protected by the Administrator.

Child's Name	Parent Name (Print)	Parent Signature

Early Learning Place Potty Training Policy

Three's Class and Older

Children three years of age and older must be potty trained.

Our toddlers and twos teachers are happy to help with your child's transition from diapers to the potty and these classrooms are equipped for diaper changes. Potty training takes extra time and extra clean-up from accidents during the day. Children that are potty training must wear pull ups to preschool.

We understand that accidents happen, so please make sure and have a change of clothing available for your child. If you do not have a change of clothing, your teacher will notify you to pick up your child for the day.

A child that has multiple daily accidents is not potty trained. When you tell us your child is potty trained, this is what we expect: Your child should be in cloth underwear (not pull-ups) and have the ability to use the bathroom without assistance. Our threes/fours classrooms are not equipped for diaper changing and diaper clean up.

Potty Training Readiness Checklist

Verbal Stages of Readiness

The child tells you he/she has a wet diaper, recognizes that he/she is wet.

The child tells you that he/she is in the process of wetting or the sensation of being wet.

Physical and Psychological signs of readiness

The child stays dry for a long period of time (the child can hold his/her urine or bowel movement).

The child has regular bowel movements that they appear to be controlling or are aware of

The child can undress and pull up his/ own clothing

The child shows interest in using the potty

The child is emotionally ready and open to learning in a cooperative way.

****Please note our preschool handbook and online registration process indicates that our policy that children three years and older must be potty trained.

Parent Signature _____ Director _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE
AUTORIZACION PARA ATENCION MEDICA DE EMERGENCIA

**If I cannot be reached to make arrangements for
emergency medical care for my child at the time of an
illness or accident, I give my permission for:**

Si en caso de alguna enfermedad o accidente no me pueden
localizar para arreglar atención médica de emergencia para
mi niño, doy permiso para que:

Name of Day Care Facility Owner or Director
Nombre del Dueño o Director del Centro de Cuidado de Niños

Early Learning Place

to take my child (or children):

a que lleve a mi niño (o mis niños):

Name of Child (1)/Nombre del Niño (1)	Name of Child (2)/Nombre del Niño (2)
Name of Child (3)/Nombre del Niño (3)	Name of Child (4)/Nombre del Niño (4)

to:

a:

Name of Doctor/Nombre del Doctor	Telephone No./Teléfono
Address of Doctor/Dirección del Doctor	

or to:

o a:

Name of Hospital or Clinic/Nombre del Hospital o Clínica	Telephone No./Teléfono
Address of Hospital or Clinic/Dirección del Hospital o Clínica	

**I give consent for necessary emergency treatment
when my child is in the care of this physician or
hospital or clinic.**

Doy mi consentimiento para el tratamiento médico
necesario estando mi niño bajo la atención de este
doctor u hospital o clínica.

Signature-Parent or Legal Guardian
Firma-Padre o Tutor

Date/Fecha