

**EARLY CHILDHOOD ASSOCIATES OF AMARILLO, INC. STORYLAND PRESCHOOL & CHILD CARE 2021-2022**

<b>Child's Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Age</b>	<b>Sex (M-F)</b>	<b>Home Phone</b>
<b>Nick Name:</b>			<b>Start Date:</b>		<b>Withdrawal Date</b>
<b>Street Address</b>			<b>Days in Care (Please Circle)</b> M    T    W    Th    F		
<b>City, Zip Code</b>			<b>Hours in Care: From:</b> _____ <b>To:</b> _____		
<b>Hair Color</b>			<b>Eye Color</b>		<b>Birth date (month/day/year)</b>
<b>Mother's Name (First &amp; last)</b>			<b>Birth date (month/day/year)</b>		
<b>Mother's Address if different than above:</b>			<b>Ethnicity</b>		
<b>Mother's Occupation &amp; Employer:</b>			<b>Birth Marks?</b>		
<b>Mother's Telephone Numbers</b>			<b>Father's Name (First &amp; last)</b>		
<b>Work:</b> _____ <b>Cell:</b> _____			<b>Father's Address if different than above:</b>		
<b>E-mail address</b>			<b>Father's Occupation &amp; Employer:</b>		
<b>Mother's Telephone Numbers</b>			<b>Father's Telephone Numbers</b>		
<b>Work:</b> _____ <b>Cell:</b> _____			<b>Work:</b> _____ <b>Cell:</b> _____		
<b>E-mail address</b>			<b>E-mail address</b>		

**Give name of persons to call in case of an emergency if parents/guardians cannot be reached:**

Name	Street Address City, State, Zip	Telephone	Relationship to Child
1.			
2.			
3.			

**I hereby authorize Storyland to allow my child to leave the facility ONLY with the following persons:**

Name	Street Address City, State, Zip	Telephone	Relationship to Child
1.			
2.			
3.			

**SCHOOL AGE CHILDREN:** My child is or will be attending the following school for the 2020-2021 school year. I certify that all immunization records are current and on file at the school.

**Name of School** \_\_\_\_\_ **School Phone No.** \_\_\_\_\_  
**Grade in FALL 2021:** \_\_\_\_\_ **School Address** \_\_\_\_\_

**TRANSPORTATION: Please Initial**

- I Give permission for my child to participate in field trips and/or neighborhood walks.
- I do not give my consent for my child to participate in field trips/transportation.

**Allergies: (Food, Seasonal, Medications, etc) MUST have an allergy emergency care plan filled out by a physician.**

**SPECIAL NEEDS:** Please list any special concerns that you have about your child (ie chronic or current illnesses, hearing, vision, birth complications, learning issues, medications child is taking, or anything else that would best help us care for your child.) Please let the office know immediately if any of this information changes.

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event that I cannot be reached to make arrangement for emergency medical attention, I authorize the facility director or person in charge to take my child to:

**Name of Physician:** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name of Hospital:** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

I give consent for this facility to secure all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature of Parent or Guardian

**MOVIE PERMISSION Please initial**

- I give permission for my child to watch PG Rated Movies (I understand that any PG rated movies that are shown at Storyland are previewed prior to showing and that all PG movies are approved in the office prior to showing.)
- I do Not Give Permission

**PHOTOGRAPHY/VIDEO: Please Initial**

- I give permission for my child to be photographed for classroom and staff training purposes
- I give permission for my child to be photographed for the Storyland website and/or Facebook page.

**FOOD SERVICE: Please initial:**

- I choose to provide meals & snacks for my own children from home. I understand that the childcare center is not responsible for its nutritional value or for meeting my child's daily food needs.
- USDA Food Program meals: Please circle  
Breakfast                      Lunch                      PM Snack

**INTERNET ACCESS: Please initial**

- I give permission for my child to work on the internet with close staff supervision.
- I Do Not Give Permission

**WATER ACTIVITIES: Please Initial**

I give permission for my child to participate in the following water activities:

- Splash pads
- Sprinklers

**RECEIPT OF FAMILY HANDBOOK** I acknowledge the receipt of/access to Storyland School Family Handbook. I understand that this publication contains the facility's operational policies including those for discipline and guidance.

\_\_\_\_\_  
**Signature of Parent or Guardian**

**Policies and Procedures**

Initial \_\_\_\_ I understand that the hours of operation are Monday through Friday from 6:30AM until 6:00 PM.

Initial \_\_\_\_ I have read and understood the policies outlined in the handbook.

Initial \_\_\_\_ I understand that I must provide complete registration paperwork, nonrefundable registration fee of \$60, immunization records and a health note from the doctor on or before the first day of care.

Initial \_\_\_\_ I understand that I must provide a complete set of clothes and replenish as needed along with diapers, diaper wipes, "sippy" cup, or bottles if applicable. All articles must be labeled with the child's first name and first initial of the last name and replaced when needed.

Initial \_\_\_\_ I understand that my child must arrive on or before 10:00 AM. If they will be late due to an appointment, I will provide the office with a doctor's note.

Initial \_\_\_\_ I understand that I must notify Storyland of any absences for my child.

Initial \_\_\_\_ I understand that Storyland makes every effort possible to keep a clean, healthy environment. If my child is sick or unable to participate in all the school day activities, I will keep him/her at home. This includes participating in outdoor activities, weather permitting. I further understand that if my child gets sick during the school day, I will be notified and asked to arrange to pick him/her up within a reasonable amount of time. If my child is sent home due to fever, I understand that he/she must be fever free for 24 hours before returning to school.

Initial \_\_\_\_ If my child is 12 months or older, I will also provide a vinyl nap mat and blanket. If the mat gets torn, I further agree to replace it promptly.

Initial \_\_\_\_ I understand that I must accompany my child to their classroom and turn him/her over to their teacher. All children in the building must be under the supervision of a parent or teacher. No child can be left alone at any time.

Initial \_\_\_\_ I understand that a non-refundable \$60.00 registration fee is required to hold my child's spot and a \$60.00 supply fee will be collected during the first week of care. I understand that both of these fees are collected yearly.

Initial \_\_\_\_ I understand that tuition is collected by Wednesday of each week. There is a late fee of \$10.00 if payment is not received by 6pm Wednesday and a \$35.00 fee for returned checks.

Initial \_\_\_\_ I understand that I am responsible for paying tuition each week even though my child may be absent or on vacation. Failure to pay for days or weeks that my child is not in care will result in termination of care.

Initial \_\_\_\_ I understand that Storyland closes promptly at 6:00 PM. If I am unable to pick up my child(ren) by 6:00 PM, I agree to pay \$1.00 per minute for each minute after 6 PM.

Initial \_\_\_\_ I understand Storyland is mandated by law to report all suspected cases of child abuse to the proper authorities. Should this occur, Storyland is not obligated to notify parents prior to this reporting.

Initial \_\_\_\_ If I am eligible to receive funding through CCMS, I agree to follow the reporting, swiping, & payment as stated by CCMS.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date