

Assigned Class: _____

HIGHER GROUND BAPTIST CHURCH Playhouse P.A.L.S.
(Preschoolers Achieving Life Skills)

1625 Lynn Garden Dr.
Kingsport, TN 37665

Application for Enrollment

Date: _____

Child's Full Name: _____ **Male or Female**

Name Called: _____ **Date of Birth:** _____

Parent's Names (Father & Mother): _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

Father's Occupation: _____ **Telephone:** _____

Mother's Occupation: _____ **Telephone:** _____

Church Preference: _____

The following person(s) are allowed to pick up my child in the event I am unable to:

Anyone NOT permitted to pick up my child:

Emergency Information:

Physician: _____ **Telephone:** _____

Person authorized to act for parent in case of emergency: _____

_____ **Telephone:** _____

Emergency Contacts if Parent/Guardian cannot be reached:

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell: _____

Cell: _____

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Physical Information:

Allergies: _____

Medications: _____

Other children in the home (Names & ages): _____

Other adults in the home (Names & Relationships): _____

What fears does your child have? _____

Has your child had previous group experience?

_____ Where? _____

Are there any areas where you have special concerns? _____

Is there any further information that might be helpful in understanding your child? _____

Please mark the age of your child below as of August 15th. Your child must be the age marked below by August 15th. This allows your child to be placed in the proper class to help prepare your child for kindergarten.

_____ 1 year old

_____ 3 year old *toilet training required

_____ 2 year old

_____ 4 year old *toilet training required

Example: If your child turns 2 *on* or *before* August 15th, they will be placed in the 2 year old classroom, and so on.

***Immunizations:** Required before a child is accepted for group care.

***Please provide a copy of your child's current immunization record along with this application.**

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Tuition Contract & Monthly Fees

Tuition:

Full-time

\$160 per month for 1st child

\$105 per month for 2nd child

\$55 per month for 3rd child or more

Tuition is due the 1st week of each month. *No refunds in case of absences.

A registration fee of \$50.00 must accompany this application. Paid \$_____ Date _____
“Early Bird Special” price of \$35.00 for those registered prior to May 31st. **(Registration fees are non-refundable)**

2-Year Old Classes are required to pay a \$15.00 supply fee in addition to the registration fee.

3-Year Old Classes are required to pay a \$20.00 supply fee in addition to the registration fee. `

4-Year Old Classes are required to pay a \$25.00 supply/book fee, in addition to the registration fee.

Paid \$_____ Date_____.

Book fees are due at time of Registration as well. **(Book fees are non-refundable)**

For school use only:

Approved _____ Date: _____

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POLICY STATEMENT

1. Playhouse Pals will be open from 9:00 am to 2:00 pm Tuesday and Thursday. Children cannot be accepted earlier or kept later. In case of an emergency, please call PHP to notify us for child to remain past closing time. A late fee will be imposed for children kept after the center is closed. The late fee is as follows: **\$1.00 per minute after 2:10.**
2. A child may not remain at the center if he/she is thought to be sick. Please see the Well Child Policy attached. A child should remain at home if he/she has had a temp above 100 degrees for at least 48 hours without preventative medications such as Tylenol or Motrin.
3. All enrollment forms for the child must be completed by the parent and a current immunization record signed by a health care provider must accompany the child on admission. Each child must receive all immunizations at entry unless there is a medical reason certified by a health care provider why these immunizations should not be made.
4. If a child becomes sick during the day, a parent will be called to come and take him/her home. Sick children cannot be cared for at the center. Parents will be called if child's temp is above 100.
5. If a child must be given medication by the center staff, the director must be informed. Each medication must be clearly labeled with the child's name. A note must be attached with clear instructions for giving the medication.
6. Parents will be promptly notified of the occurrence of a communicable disease among the center's children.

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7. Parents must fill out an authorization form that gives persons other than the parent permission to pick up children. No children will be released without a proper child restraint seat.
8. (a) Parents will be responsible to provide child's snack with a drink and lunch with a drink. (b) Children should not bring gum, candy, money or toys to the center. (c) Children should eat breakfast **before** they arrive.
9. Each child must have a change of clothing, in a gallon sized ziploc bag, clearly labeled with his/her name, to be left at the center or kept in their backpack for emergencies.
10. Outdoor play is an important part of our program. Please see that your child is dressed appropriately to play outside, except in extremely bad weather.
11. Parents are to notify PHP of any change in work, home, or cell phone numbers or addresses in order to reach you in an emergency.
12. If there is a child-custody conflict involved with your child, it is your responsibility to give specific instructions to the PHP Director.
13. Each class will receive a short supply list of items needed for the school year. If for any reason children do not finish the year, supplies are non-refundable.
14. Tuition is as follows: **Full Time:** \$160 per month for 1st child: \$105 per month for 2nd child. \$55 per month for the 3rd child.
15. Playhouse Pals program is not licensed and is not required to be licensed by the state as a child care agency.

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TERMINATION POLICY

Playhouse Pals reserves the right to terminate the care for your child should the following occurs:

Non-payment of tuition, any behavior problem that is beyond our control and is compromising the safety and well-being of the others, or any reason we find necessary.

GOOD HEALTH POLICY

Keep Your Child At Home If He or She Has:

- A Temperature of **100° or higher**. Keep the child home until the temperature has been normal for 48 hours, without the use of preventative medications such as Tylenol or Ibuprofen.
- **Severe cold with sneezing and excessive nose drainage or if child has any colored drainage.**
- **Diarrhea** (2 or more loose watery stools in 8 hours). **The child must be free from symptoms at least 48 hours before returning to school.**
- **Vomiting** (more than usual “spitting up”). **The child must be free from symptoms at least 48 hours before returning to school.**
- **Rashes** that have not been diagnosed by a physician.
- **Impetigo**, a skin infection consisting of blisters surrounded by reddened area. When the blisters break, the surface becomes raw, weeps, and oozes. The lesions eventually become crusted and yellowish.
- **Conjunctivitis**, an eye infection commonly referred to as “pink eye.” The eye is generally red with some burning, and there may be a thick yellow drainage. Treatment must be in progress for 48 hours before the child may return.
- **Bronchitis**, which can begin with hoarseness, cough, and a slight elevation in temperature. The cough may be dry and painful, and then becomes loose.
- Any of the usual childhood **contagious diseases**. Some of these are: measles, mumps, rubella (“German Measles”), chicken pox and roseola.
- **Herpes infection** (fever blisters) blisters in the mouth or on the lips, often at the site of broken skin. Infections are usually mild, but can become very painful and make eating difficult for the child.
- **Strep throat:** If the doctor diagnoses a strep throat infection and places your child on an antibiotic medication, the child should not be brought into the Center until he/she has had medications for at least 48 hours.

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- If a child seems really sick without obvious symptoms, please do not bring him/her to PHP. If your child has a contagious virus not listed above, you must keep the child home.
- If your child is being treated with antibiotics, he/she should be on the drug at least 48 hours before returning to PHP.
- If you or your child has been exposed to anyone with COVID-19 or has any symptoms of COVID-19, we ask that you keep your child at home for 10 days, or until you have a confirmed negative test.

By helping us observe good health standards, you will be protecting your child and the other children at PHP.

I have received a copy of the *Policy Statements*, and I agree to abide by all policies and procedures set forth.

Name of Child: _____

Signature of Parent/Guardian _____ Date _____