



# A+ Preschool<sup>1</sup> 2009 - 2010 Registration Forms

REVISED 03/18/09

My child is enrolled in (Please check) \_\_\_\_\_ A+ Preschool only  
\_\_\_\_\_ Tahoe State Preschool \_\_\_\_\_ Tahoe Community Nursery School  
\_\_\_\_\_ Other (please list) \_\_\_\_\_  
(Immunization records must be submitted with the registration forms)

Child's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

If you would **NOT** like to receive your A+ invoice by email, please check here: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name, address, and phone number of person who would assume responsibility for your child in an emergency.  
This will be used only when we are unable to get in touch with you.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Are there any medical problems or allergies that we should be made aware of? If yes, please list:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

The undersigned parent(s)/guardian(s) having legal custody or control of a minor, grant emergency permission for any emergency treatment and hospital services that may be rendered to said minor under the general or specific direction of Dr. \_\_\_\_\_ or any hospital emergency department physician.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

If the parents are divorced, is there joint custody of the child?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please include the name and phone number of the other parent.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Do both parents have the authority to pick up the child?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If not, A+ needs to have a copy of the pertinent court documents on file.**

**NOTE: PROBLEMS BETWEEN EX-SPOUSES ARE NOT THE RESPONSIBILITY OF A+. IT IS THE PARENTS' RESPONSIBILITY TO COMMUNICATE WITH ONE ANOTHER. WE WILL NOT BE PUT IN THE MIDDLE. FAILURE TO RESOLVE COMMUNICATION PROBLEMS WILL RESULT IN TERMINATION OF SERVICES WITH NO REFUND. THIS INCLUDES PAYMENT FOR CHILDCARE!**

Other pertinent information:

## A+ TRANSPORTATION AGREEMENT

### Arrival-

I agree that my child \_\_\_\_\_ is to be picked up by the A+ van.  
(child's name)

### Departure-

\_\_\_\_\_ Be picked up by parent or designated adult

Please list names and phone numbers of any designated adults allowed to pick-up your child.

## ADMISSION AGREEMENT FORM 2009-2010

Child (ren)'s Name & Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Name(s) \_\_\_\_\_  
\_\_\_\_\_

**\*NOTE: If parents are divorced, the initials of each parent are required.**

**Parent Handbook-**

I have received a copy of the A+ Preschool Parent Handbook. I have read and understand its policies and procedures, and agree to comply with the program rules and regulations.

\_\_\_\_\_  
(Initials)                      (Initials)

**Services Offered**

The A+ Preschool is a licensed preschool providing an educationally based, hands-on curriculum for three and four year-olds. We strive to prepare children for kindergarten through active participation in all learning activities including: crafts, group time, center time, recess, story time, organized games, and songs. Our preschool is licensed for 36 children.

\_\_\_\_\_  
(Initials)                      (Initials)

**Admission Policies**

Healthy children will be admitted and accorded equal treatment and access to services without regard to race, religion, color, national origin, or ancestry. The A+ Preschool Program is for children ages 3 and 4 years old. The day your child turns 3 years of age, they are eligible for our program. **Children must be toilet trained by the day of entry.** Children must be ready for the type of group experiences offered and able to benefit from the program.

The following forms must be completed and turned in to A+ **BEFORE** your preschooler may be admitted into the program: Copy of Admission Agreement, Notification of Parents' Rights, Personal Rights, Identification and Emergency Information, Consent for Emergency Medical Treatment, Child's Pre-admission Health History (Parent's Report), Physician's Report, and Immunization Requirements. **A+ will not hold a spot for your child until all paper work is completed.**

\_\_\_\_\_  
(Initials)                      (Initials)

**Immunization Requirements**

Children must be immunized against Polio (3), Measles, Mumps, and Rubella (1), Diptheria- Pertussis- Tetanus (DPT-4), Hib, Hepatitis B, and Varicella (or give date of the disease), or have a statement on file giving a reason for exemption. The last TB test must have been within the past two years. Up-to-date immunization records must be presented at the time of enrollment.

\_\_\_\_\_  
(Initials)                      (Initials)

**Days and Hours of Operation**

A+ Preschool is open Monday through Friday, 8:45 a.m.-5:30 p.m.

- 8:45 a.m.-12:30 p.m. morning half-day option (\$12.00 per child)
- 12:30 p.m. – 5:30 p.m. afternoon half-day option (\$15.00 per child)
- 8:45 a.m.-5:30 p.m. full day option (\$25.00 per child)

\_\_\_\_\_  
(Initials)                      (Initials)

**School Closings**

I understand that A+ Preschool will be closed on the following holidays mentioned in the Parent Handbook:

- 1. Labor Day
- 2. Thanksgiving Day and the day after
- 3. Christmas Break (see calendar)
- 4. New Year’s Day
- 5. Martin Luther King, Jr. Day
- 6. Presidents’ Day
- 7. Memorial Day

\_\_\_\_\_  
(Initials)                      (Initials)

**Absences**

I understand that on a day that my child is unable to attend, it is my responsibility to notify A+ as soon as possible, and that there will be no reduction in tuition fees for days missed.

\_\_\_\_\_  
(Initials)                      (Initials)

**Illness**

I understand that I will be contacted should my child become ill while at A+. I agree to pick up my child promptly upon such notification. I also understand that my child cannot attend A+ on a day in which he or she is ill as defined in the Parent Handbook.

\_\_\_\_\_  
(Initials)                      (Initials)

**Communicable Disease**

I understand that I must inform A+ within 24 hours, or the next business day after my child or any member of our immediate family has developed any communicable disease. I also understand that life threatening diseases must be reported immediately.

\_\_\_\_\_  
(Initials)                      (Initials)

**Sign-In / Sign-Out**

When dropping off your children, our motto is, **“the shorter the good-bye, the shorter the cry!”** California law requires Sign-In/Sign-Out sheets. We become responsible when you sign in, and you resume responsibility when you sign out. **You, as the adult, must sign your child in and out. You must use your full signature and not just initials.**

**Chronic indifference to this responsibility jeopardizes your child’s continued enrollment.** After signing out, your child should remain with you. The staff will sign in students picked up by the program at TCNS and TSP.

\_\_\_\_\_  
(Initials)                      (Initials)

**Release of Child(ren)**

I understand that my child will be released only to myself, a legal guardian, the other parent (except where prohibited by court order), and to those persons whose names I have listed on my child’s Emergency Information Form. I understand that if someone other than my child’s parents/guardians is to pick-up my child on a specific day, I must notify the center, even if they are listed on the Emergency Information Form. The designated person will be required to show a picture ID.

\_\_\_\_\_  
(Initials)                      (Initials)

**Emergency Contacts**

I understand that I am required to maintain at all times, at least one additional emergency contact other than myself, including full names, home and work addresses, home and work phone numbers, and cell phone numbers. I understand that in the event of an emergency for which I or my emergency contact cannot be reached, the staff may contact police or other emergency authorities.

\_\_\_\_\_  
(Initials)                      (Initials)

**Change of Information**

I understand that it is my responsibility to inform A+ of any changes to the information on the Emergency Information Form, as well other forms in the registration packet, including, but not limited to: address, home phone number, parents’ work numbers, medical conditions, and pick-up authorizations.

\_\_\_\_\_  
(Initials)                      (Initials)

**In the Event of an Emergency**

In the event of an emergency, if I cannot be reached, A+ has my permission to contact the physician(s) listed on my child’s registration forms or have my child transported to a local hospital for care. I will not hold A+ or its employees liable. I understand that I am responsible for all expenses incurred.

\_\_\_\_\_  
(Initials)                      (Initials)

**Violent or Unsafe Behavior**

I understand that I may be contacted should my child display violent, unsafe, or continually inappropriate behavior. I agree to pick up my child promptly upon such notification.

\_\_\_\_\_  
(Initials)                      (Initials)

**Financial Policies**

**Registration Fee**

I understand that I must submit the one-time, non-refundable, non-transferable registration fee of \$40.00 before my child can attend the program.

\_\_\_\_\_  
(Initials)                      (Initials)

**Rates**

**Morning Session (8:45-12:30).....\$12.00**

**Afternoon Session (12:30-5:30).....\$15.00**

**Full Day Session (8:45-5:30).....\$25.00**

<b>Half Days</b> 8:45-12:30 / 12:30-5:30	<b>Monthly Rate</b> AM/PM	<b>Full Days</b> 8:45-5:30	<b>Monthly Rate</b>
1 day	\$48/\$60	1 day	\$100
2 days	\$96/\$120	2 days	\$200
3 days	\$144/\$180	3 days	\$300
4 days	\$192/\$240	4 days	\$400
5 days	\$240/\$300	5 days	\$500

\_\_\_\_\_  
(Initials)                      (Initials)

**Tuition**

Tuition will be billed at the end of the month for the days enrolled. Parents will be charged a flat rate each month, based on the number of sessions/days per week that the child has been enrolled. If your child attends any additional sessions, this amount will be added to your bill. Tuition two weeks in arrears will lead to dismissal from the school until account is paid in full. Re-entering the program will be based on “space available” openings after the account is paid in full.

Tuition is due on the 15th. A \$10.00 late fee will be charged if paid past the 15th. Chronic late payment will lead to dismissal. **Tuition is subject to change with a month’s advance written notice.**

\_\_\_\_\_  
(Initials)                      (Initials)

**Returned Checks**

Tuition checks returned by the bank are subject to a \$10.00 return check charge. If two checks are returned within a three month period, payment by cash or money order will be required.

\_\_\_\_\_  
(Initials)                      (Initials)

**Late Pick-Up Charge**

It is imperative that all parents pick up their children on time. There will be a five minute grace period, after that the charge is \$1.00 per minute and is due at time of pick-up. Continued late pick-ups will result in a termination of services.

\_\_\_\_\_  
(Initials)                      (Initials)

**Schedule Information**

If a child is **absent on their scheduled days**, you will still be charged.

**Vacations-** We hope that you and your family are able to go on vacations. When this happens, here are your choices:

- Pay your regular fees for that time period to keep your child’s spot.
- Find another child to use and pay for the days you will be absent. They must meet all the requirements and fill out all the paperwork. No registration fee will be required for children filling vacancies.

**Illnesses-** There is no credit, refund, or make-ups given in the event of an illness. If there is a severe illness (of two weeks or more), arrangements may be made at the discretion of the program. The same options are available as stated in vacation policy.

**Changes in your Child’s Set Schedule-** Any changes that are made by the parent during the actual month will become effective on the first of the following month. That means that the bill for the month will remain the same until the beginning of the next month. If you wish for your child’s schedule to change for the next month, make sure you notify us prior the beginning of that month.

\_\_\_\_\_  
(Initials)                      (Initials)

**Withdrawal**

Children benefit most when the program and the home have a similar philosophy of teaching and discipline. Should the time arise when either the A+ Preschool or the parent feels that the child is not benefiting from the program, either party may request withdrawal without prejudice with a two week written notice.

\_\_\_\_\_  
(Initials)                      (Initials)

**Drop-ins**

**Drop-ins** will be on a space available basis only. Please do not just show up. You will need to call to see if there is space available for your particular day. **To summarize: no phone call = no drop-in.**

\_\_\_\_\_  
(Initials)                      (Initials)

**Fees Specific to Your Child**

I understand that the monthly fee for my child to attend A+ Preschool will be based on the days enrolled per the attendance agreement. Any additional days will be added to my bill. I also understand that any changes to my child’s set schedule must be submitted before the beginning of the month of change.

\_\_\_\_\_  
(Initials)                      (Initials)

**Rights of the Licensing Agency**

The Department of Social Services licensing department under the authority to inspect specified in the Health and Safety Code Sections 1596.852, 1596.853, and 1596.8535 has the authority to interview children attending A+, or A+ staff without prior consent. This authority includes the right to inspect, audit, and copy the child’s records upon demand during normal business hours.

\_\_\_\_\_  
(Initials)                      (Initials)

**Terms of this Admission Agreement**

This admission agreement is valid for the 2009-2010 school year, or if the parents withdraw their child with 30 days written notice.

\_\_\_\_\_  
(Initials)                      (Initials)

**Conditions of Termination**

As mentioned above, A+ has the right to terminate this agreement and ask a parent to withdraw enrollment, if any of the following occurs:

- the child presents a health or safety threat
- repeated discipline problems
- lack of parental cooperation
- on-going late pick up
- inappropriate parental behavior to children, teachers, or staff
- chronic lack of payment

I have read, understand, and will comply with the policies and procedures included in the Admission Agreement and in the A+ Preschool Parent Handbook.

Father’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Program Director and Licensing Information**

We are fully licensed by the State of California  
 License Number – 313 609 613  
 A+ Preschool Program  
 Gaynell (Nell) Jackson, Director  
 P.O. Box 7452  
 390 Fairway Drive  
 Tahoe City, CA 96145  
**A+ Office – 530.583.1534**  
 Church – 530.583.7458  
 Fax – 530.583.9071  
 Email – [gaynelljackson@sbcglobal.net](mailto:gaynelljackson@sbcglobal.net)  
 Website- [www.tahoeministries.com](http://www.tahoeministries.com)

# ATTENDANCE AGREEMENT

\_\_\_\_\_ will be attending A+ Preschool on the following days:  
(Child's Name)

My child will be attending: Full Day Program M  T  W  Th  F   
(Please check all boxes that apply.) Half Day Morning M  T  W  Th  F   
Half Day Afternoon M  T  W  Th  F

I have read all A+ policies, procedures, and financial agreements, and I agree to abide by the stated policies. Any modifications to this original agreement shall be noted, changed, and signed by the child's authorized representative.

\_\_\_\_\_  
(Initials)                      (Initials)