

Palisades Christian Learning Center Registration

Phone: 509-327-8387 Email: jarmilav@palisadeschristian.org FAX: 509-324-8904

Applying for: Half day Preschool (3-4) Preschool (30 M-4) Pre-K (ages 4-6)

Application Date _____ Start Date _____ Withdrew _____

Student's Full
Name _____

Last

First

Middle

Address _____ City _____

State _____ Zip Code _____

Student Home Phone _____ Email address _____

Does PCLC have permission to share this address with classmates for mailing birthday invitations?

Yes No

Age _____ Birth date _____ Nickname: _____

Sex: Male Female

Student resides with: Mother Father Stepfather Stepmother

Other: _____ Parent ACTIVE Military?

Mother's Information

Full Name _____ Home Phone _____

Last

First

M

Current Address _____ City _____

State _____ Zip Code _____ Cell Phone _____ Email Address _____

Occupation _____ Work Phone _____

Father's Information

Full Name _____ Cell: Phone _____

Last

First

Middle

Current Address if different: _____ City _____

State _____ Zip Code _____ Email Address: _____

Occupation _____ Work Phone: _____

ABOUT MY CHILD

To help us get to know your child and your family, please answer the following questions.

1. Has your child ever been in childcare before? YES NO
2. Does your child speak more than one language? What is the primary home language?

3. Are there some cultural events that are special to your family and that you would be willing to share with your child's class? Would you please share?

4. What is your church affiliation? _____

5. Where do you see your child's development?

Is it where you would expect it? Behind? Advanced? Do you have any concerns?

6. How does your child interact socially with others? Please share examples?

7. Are there pets and/or other siblings in the family? Anyone else that lives with you? Please share their names and ages of siblings. Send a family picture for your child's teacher and classmates. We want to include them too.

8. How does your child learn best? What is their learning style?

PHOTO RELEASE

Throughout the year, photographs and video of the children are taken during activities and events. These photographs and recordings are used for in program use (bulletin boards, newsletters, yearbook, in-class projects, Teacher training, etc.) and, with permission, on our program's Facebook page and website. We also use a childcare app called Brightwheel to communicate with our parent's/ guardians and share pictures of your child's learning environment.

Regarding in-house use (check one box):

I give my permission for images and video to be used by the program for in-house activities (bulletin boards, yearbook, newsletters, in-class projects, holiday program, Teacher training, etc.)

I do NOT give my permission for in-house use.

Regarding online use (check one box):

I give my permission for images and video to be used by the program on their Facebook page and/or the website.

No, I do NOT give my permission for Facebook and Website use.

Regarding Childcare App Brightwheel (check 2):

_____ I give permission for Palisades Christian Learning Center to send pictures of my child through Brightwheel.

_____ I do not give permission for Palisades Christian Learning Center to send pictures of my child through Brightwheel.

_____ I give permission for Palisades Christian Learning Center to include my child in group photos that will be sent to other parents from PCLC through Brightwheel.

_____ I do not give permission for Palisades Christian Learning Center (PCLC) to include my child in group photos that will be sent to other parents from PCLC through Brightwheel.

I understand that I have the right to request the removal of photos from the Facebook page or the website or childcare app at any time. I understand that I cannot download pictures that contains other students to share them with others and/or online. By signing below, I acknowledge my understanding of the above and grant my permission for the use as specified above.

(please print child's name)

(please print parent/legal guardian's name)

Signature of parent/legal guardian

Date

Palisades Christian Learning Center
Full Time/ Part Time Agreement

Child's Name: _____ Classroom _____

Date of Enrollment: _____ Date of Withdrawal: _____

Age: _____ Potty Trained/ Not Potty Trained: _____

My child will be attending: Full Days Half Day

Number of Days per Week: _____ Our Operating hours are 7:00 AM to 5:00 PM, M-Th. Only to 4 on Friday.

Days: Monday Arrival Time: _____ Departure Time: _____

Tuesday Arrival Time: _____ Departure Time: _____

Wednesday Arrival Time: _____ Departure Time: _____

Thursday Arrival Time: _____ Departure Time: _____

Friday Arrival Time: _____ Departure Time: _____

Registration Fee: _____ Monthly Tuition: _____

Parent Signature: _____ Date: _____

An annual registration fee of \$100.00 per child is required for enrollment. The registration fee is renewable each year. The fee covers consumable materials and learning supplies. Each family will still need to supply a lunch, 2 snacks, diapers, wipes and bedding if required (see Handbook).

Payments are due by the 5th of the month. Payments are to be made prior to service. Parents who pick up their children after 5:00 pm will be charged a late fee of \$5 per 5 minutes. (See Handbook)

Due upon enrollment

I hereby acknowledge that I have discussed, read and understand the Palisades Christian Learning Center Policies and Parent Handbook, and I agree to follow the procedures.

- I understand that if at any time I have questions, concerns or comments, I may openly discuss them with the Palisades Christian Learning Center Providers for immediate action, if at all possible.
- I have completed all the paperwork including the CIS form and have submitted them.
- I read and understand Emergency/Disaster Plan provide by PCLC
- I understand that my child may have information in his/her cubby and/or drawer. It is important to check it daily. PCLC will send important messages through the **Brightwheel childcare app**, email, phone calls. I understand I need to use the app to sign in/out my child every day and to communicate with my child's teacher.

Parent/ Guardian Signature _____ Date _____

All rights reserved at the discretion of any/all Palisades Christian Learning Center and School staff to have a guardian or parent removed from the premises for the safety and welfare of the children and staff.

CONSENT TO TREATMENT
PALISADES CHRISTIAN LEARNING CENTER
2022-2023 SCHOOL YEAR
DO NOT LEAVE ANY LINE BLANK

Student's Name _____
Last First Middle

Date of Birth: _____ **Allergies/Reactions:** _____

If child has allergies, please provide documentation and Action Plan from provider.

Mother's Name: _____ **Cell #** _____ **Work#** _____

Father's Name: _____ **Cell #** _____ **Work#** _____

Extra Emergency Contacts:

Name and phone # _____

Name and phone # _____

Medication taken on a regular basis: _____

Child's Illnesses or Past Surgeries: _____

Emergency Hospital _____ 2nd Choice _____

Immunizations up to date: ___Yes ___No Exempt? _____

Physician's Name: _____ **Office Phone:** _____

Date of Child's Last exam: _____

Dentist's Name: _____ **Office Phone:** _____

Date of Child's Last exam: _____

(Do not leave blank. Please write N/A if you have not found a dentist or physician at this time and give us the information as soon as it is available)

Palisades Christian Learning Center will provide basic first aid for minor injuries and illnesses. However, we cannot dispense medication of any kind, unless the office receives permission from the student's physician. Forms are available at the Learning Center office and need to be completed by the parents and the physician.

In case of accident or serious illness, the school will make every attempt to contact the student's parents or the emergency contact listed above.

If I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or EMT when deemed necessary or advisable by the physician or EMT to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signature _____ Date _____

AUTHORIZATION PICK UP FORM

- A. The following people **HAVE** permission to pick-up the child named below from [Palisades Christian Learning Center](#). It is the parent's responsibility to notify me in writing of any changes.

Child's Name	DOB	Age	Sex
--------------	-----	-----	-----

1. Name: _____ Relation: _____
Phone: _____ EMAIL: _____

2. Name: _____ Relation: _____
Phone: _____ EMAIL: _____

3. Name: _____ Relation: _____
Phone: _____ EMAIL: _____

4. Name: _____ Relation: _____
Phone: _____ EMAIL: _____

- B. The following people **MAY NOT** pick-up my child(ren) from [Palisades Christian Learning Center](#)

1. Name: _____ Relation: _____ Phone: _____
2. Name: _____ Relation: _____ Phone: _____

Note: Any person unfamiliar to me will be required to show proof of identification. Under **NO** circumstances will the child be released to anyone other than those listed above without **WRITTEN** permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

Father/Guardian's Signature	Date	CELL: WORK:
Mother/Guardian's Signature	Date	CELL: WORK:

Other Medical Information

Does your child have any special needs? Have an IEP? Please share with your teacher.

Has your child ever been tested for...? Please Circle

Hearing	YES	NO	Date: _____
Speech	YES	NO	Date: _____
Vision	YES	NO	Date: _____
Other	YES	NO	Date: _____

My Child has an Individual Health Plan (specific medical needs) which is as follows: (Please attach documentation from physician and/or intervention specialist)

First Day of School CHECKLIST

ALL Childcare forms signed and completed

- Registration page and \$100 fee paid
- Parental Contract
- Authorized Pick-up form
- Medication Authorization
- About My Child
- Additional Health records if applicable
- Media Release
- School Activities Permissions
- Updated Consent to Treat
- Emergency Plan
- Certificate of Immunizations (CIS)
- Parent Handbook Agreement Signed

Comfort Kit

- Three day supply of food in case of emergency labeled in Ziploc bag (see handout in PCLC Handbook for more information)

Download Brightwheel App

LABEL everything

- Extra Change of Clothes : Socks/underwear (Potty Trainers may need more than one)
Shirt and pants (in season)
- Extra slippers or shoes to keep at school
- School Supplies (See individual class list)
- Personal sippy cup or water bottle
- Lunchbox with Morning and Afternoon snack and icepack
(Hot Lunch through PCA is available for purchase during the school year. You are still responsible to send snacks)
- Small blanket, pillow, 2-king size pillow sheets and/or crib sheet

Additional as needed:

- Pull ups/ diapers and wipes
- Soft cuddly toy for naps OK

School Activities Permissions

Field Trips

On occasion, children will be taken for supervised walks on the school property to enjoy the larger spaces and to learn about God's creation in our natural setting. Please sign to give your permission for this activity. Contact staff with any concerns.

For trips off our campus, parents will receive specific information.

Parent signature: _____ Date: _____

Water play activities:

We give children in our program sensory activities and water is a fun one to use. We will not be using large containers and the activity will be supervised. Examples of water play are washing toy dishes, pouring water from small and big containers, measuring and pouring, etc. Please sign to give your permission for this activity. Contact staff with any concerns.

Parent signature: _____ Date: _____

Exposure to animals:

We like to give children opportunities to learn about animals and how to care for pets. When we invite guests, you will be notified in advance. Currently there are no pets on the premises however we will inform you if/when a classroom gets one. See our Health Policies for the details. We will always practice good hygiene and hand washing after being around pets. Please make sure to let us know about allergies. Please sign so we know you have read and understand.

Parent signature: _____ Date: _____

We are always glad to hear from you any suggestions or concerns you may have about our program. We like to include outdoor learning activities as the weather permits. Make sure your child has appropriate outdoor wear. We follow CDC guidelines.

Emergency Plan *Child/Parent Information*

Complete one form for each child. Keep a copy of this information with your emergency kit(s).

Child's Information	
Child's Full Name	
Date of Birth	
Address	
Current medications	
Medical conditions/allergies	
Special needs or instructions	
Physician name / phone	
Parent / Guardian Information	
Full Name	
Relationship to Child	
Address	
Phone Number(s)	
Email Address(es)	
Place of Employment	
Parent / Guardian Information	
Full Name	
Relationship to Child	
Address	
Phone Number(s)	
Email Address(es)	
Place of Employment	

Additional Emergency Contacts: (include those who have permission to pick up the child and an out of area contact in case of a disaster). Children will only be released to contacts listed on the child's form who have proper identification.

Emergency Contacts name and phone number:

1. _____
2. _____

How will parents/guardians be contacted and reunite with children after the emergency:

Through phone or childcare app.
 and/or calling parents phone

Medication Authorization Form

This is needed for any medication a child will need to take or have applied in our care **Sunscreen** **Diaper Cream** **Other**

Child's Name:	Date of Birth/Age:
Name of Medication:	Reason for Medication:
Start Date:	Stop Date:
Times to be given:	Amount to be given:
Possible Side Effects:	Oral Topical Other
Above information consistent with label?	Requires Refrigeration: yes no
Special Instructions:	

/Guardian Signature

Date

Daytime Phone Number

Physician Signature *(if needed)*

Date

Physician Phone Number

Insert CIS Immunization form or Doctors exemption/alternate schedule form.