

Creative Early Learning Center, LLC  
2952 Hartford Avenue  
Johnston, RI 02919  
401-934-2807 (P)  
401-934-2869 (F)

**Registration Application**

Date of Entrance \_\_\_\_\_

Enrollment Fee Paid \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Mother's Full Address \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Mother's Occupation/School \_\_\_\_\_

Business/School Telephone & Extension \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

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

Father's Full Address \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Occupation/School \_\_\_\_\_

Business/School Telephone & Extension \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Registration Application Continued....

PROGRAM IN WHICH YOU ARE ENROLLING YOUR CHILD IN:

\_\_\_\_\_ Infant

\_\_\_\_\_ Yearling

\_\_\_\_\_ Toddler

Which session will your child attend?

\_\_\_\_\_ Full Day

\_\_\_\_\_ Half Day/AM

\_\_\_\_\_ Half Day/PM

How many days per week?

\_\_\_\_\_ 5

\_\_\_\_\_ 4

\_\_\_\_\_ 3

\_\_\_\_\_ 2

Which days will your child attend?

Monday

Tuesday

Wednesday

Thursday

Friday

Daycare/Preschool your child attended before coming to Creative Early Learning Center, LLC

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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Dear \_\_\_\_\_,

Welcome to the \_\_\_\_\_ program at Creative Early Learning Center, LLC.  
We congratulate you for entrusting Creative Early Learning Center with your child/children's education.

\_\_\_\_\_ will be in \_\_\_\_\_ class for this school  
year. His/her scheduled days are \_\_\_\_\_. Your tuition rate is  
\_\_\_\_\_ per week.

I/We acknowledge and agree to abide by Creative Early Learning Center's policies which are stated in  
your general handbook, as well as my child's classroom handbook.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_

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**Questionnaire**

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

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

This questionnaire was answered by \_\_\_\_\_

Is this child an only child? \_\_\_\_\_

How many siblings? \_\_\_\_\_ Boys? \_\_\_\_\_ Girls? \_\_\_\_\_ Ages? \_\_\_\_\_

Does this child have any allergies? \_\_\_\_\_

If so, what is your child allergic to? \_\_\_\_\_

What type of reaction occurs? \_\_\_\_\_

Does your child have an epi-pen? \_\_\_\_\_

Was this child a full-term baby? \_\_\_\_\_ Was the delivery normal? \_\_\_\_\_

What was the age this child slept through the night? \_\_\_\_\_ Walked? \_\_\_\_\_ Talked? \_\_\_\_\_

Fed him/herself? \_\_\_\_\_ Toilet Trained? \_\_\_\_\_

Does this child eat: Strained baby food? \_\_\_\_\_ Junior Food? \_\_\_\_\_ Table Food? \_\_\_\_\_

Does this child use: Bottle? \_\_\_\_\_ Sip Cup? \_\_\_\_\_ Regular Drinking Cup? \_\_\_\_\_

Is this child on a prepared formula? \_\_\_\_\_ All the time? \_\_\_\_\_ Name of formula: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ When? \_\_\_\_\_ How Long? \_\_\_\_\_

Does this child use: Blanket? \_\_\_\_\_ Pacifier? \_\_\_\_\_ Thumb? \_\_\_\_\_ When? \_\_\_\_\_

Which of the following teething symptoms does this child show? Fever? \_\_\_\_\_ Diarrhea? \_\_\_\_\_  
Vomiting? \_\_\_\_\_ Diaper Rash? \_\_\_\_\_ Crankiness? \_\_\_\_\_ Other? \_\_\_\_\_

**Questionnaire Continued...**

What type of relief do you provide for teething pain? Teething ring? \_\_\_\_\_  
Prescribed medication? \_\_\_\_\_ Teething Biscuit? \_\_\_\_\_ Other? \_\_\_\_\_

Is this child prone to colds? \_\_\_\_\_ Ear infections? \_\_\_\_\_ Diarrhea or loose stool? \_\_\_\_\_

Vomiting? \_\_\_\_\_ Increased temperatures? \_\_\_\_\_

Is this your child/child's first time in school/daycare? \_\_\_\_\_

Does your child have a good appetite? \_\_\_\_\_

Is your child sensitive? \_\_\_\_\_

Is there anything special we should be aware of regarding this child, either personality traits, habits,  
ETC?

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**Hours & Meals**

Date Child Will Begin \_\_\_\_\_

This care will normally begin at \_\_\_\_\_ o'clock AM/PM, and end at \_\_\_\_\_ o'clock AM/PM for the following days of the week: \_\_\_\_\_

**\*All children are required to bring a labeled lunch box with an ice pack & labeled drink cup daily\* Fees**

The charge for child care is \_\_\_\_\_ per \_\_\_\_\_.

The daycare provider will be paid in the following way (when, by whom, cash or check):

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The center opens at 7:00 AM and closes 5:00 PM. After 5:00 PM a "late fee" will be assessed at \$10.00 per HALF hour.

If a child is absent for one day, Creative Early Learning Center, LLC will receive payments as is the child were present. If a child is absent for two or more consecutive days, Creative Early Learning Center, LLC will receive full payment for the first two weeks. If the absence exceeds two weeks and a physician's note is provided there will be no tuition fee's due for the "third" consecutive week and weeks to come.

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

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

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**Tuition Deposit & Vacation Tuition Deposit:**

Your child's deposit is equal to his/her weekly tuition rate.

This deposit shall be held in escrow until your child's last week attending Creative Early Learning Center, LLC when giving a Two-week notice. The deposit will then be used for your child's last week's tuition.

If we do not receive a Two-week WRITTEN notice upon your child/children dis-enrollment, you, the parent or guardian will be responsible for the last week of tuition and this deposit is forfeited.

**Vacation:**

After attending Creative Early Learning Center, LLC for 6 months, we then allow *one* free week's vacation per year for *full time* students only. Taking any time out other than vacation, you, the parent or guardian, are responsible for tuition.

**Holiday/Sick Days:**

Please note that parents remain responsible for tuition on holidays, sick days, and storm days. These days are not deductible and cannot be made up. If a child is absent one day, Creative Early Learning Center, LLC will receive payment as if the child was present. If a child is absent for two or more consecutive days, Creative Early Learning Center, LLC will receive full payment for the first two weeks of absence. No payment after those two weeks will require a physician's note for each day after.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Emergency Procedures**

1. An emergency card file is kept in the office with emergency contact numbers to call if a child is ill or hurt. This file is provided for us by the school only. Personal information is not given out to anyone else.
2. A child is considered ill if he/she is not able to function in his/her classroom, and/or has a temperature of 100° or higher, and any other signs of illness listed under our health care policy. This child is to be isolated and the parent is to be called immediately.
3. Parents are always to be called if a child has hit his/her head. If a child is dazed, unconscious, unable to remember, or seriously hurt in anyway, follow these procedures:
  - A. Call rescue squad (911)
  - B. Provide whatever emergency treatment advised by rescue personnel and appropriate for staff on hand. Make the child comfortable, offer calm and consistent reassurance.
  - C. Call the parent and arrange to meet at the hospital if they cannot arrive at the center before an ambulance.
  - D. The director or supervisor will accompany the child to the hospital with his/her full file and emergency card.

Do not take the responsibility for making the wrong decision about a child's treatment. It is safer to have a child checked and be found an injured then to leave possible injuries on discovered.

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**Parent Authorization for Emergency Treatment**

In consideration of admittance, I \_\_\_\_\_ (Parent/Guardian) hereby authorize Creative Early Learning Center, LLC to arrange for a medical examination and/or treatment of my child \_\_\_\_\_ (Child's Name), should an emergency arise at school or on a field trip. It is understood that a Conscientious effort will be made by the school to contact me at the emergency numbers I have provided below before any medical action is taken. I would prefer my child, if the need arises, be taken to \_\_\_\_\_ Hospital.

\*Choice of hospital may be limited by service of local rescue squad.

Mother/Guardian's Signature \_\_\_\_\_

Father/Guardian's Signature \_\_\_\_\_

Relative or other persons authorized to pick up your child from the center when you are unable to do so

1. Name _____	2. Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Relationship to child _____	Relationship to child _____

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*Your booklet "What Every Parent Should Know" will include two new addendums:*

**Emergency Call-In Authorization by The Parent:**

If, for any reason, your child cannot be picked up by anyone designated on your registration application, a written notice must be sent to school prior to the pick-up, for a different individual to pick up your child from Creative Early Learning Center, LLC. The notice must have the person's complete identification name, address and telephone number along with your signature and date on it. Please let any individual know who is picking your child up that they will need some form of picture identification, such as a licensed ETC. No phone calls will be excepted to release your child to anyone that is not on your registration application. There will be no exceptions to this rule.

**Procedure for Documenting Any Custody or Restraining Orders Relating to the Child:**

Documents for any restraining order or a custody battle concerning a child must be sent to the school to keep on file. The document must be signed by an attorney or judge to be considered valid. Please keep in mind without legal documentation we cannot refuse any parent their child. Any changes that you would like to make on your registration application, concerning authorized pick up for your child, you will need to do yourself, legally we are not authorized to do so. Therefore, contact the office to arrange time to do so.

Thank you for your consideration in this matter. If you should have any questions, please feel free to contact a director at your earliest convenience.

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### **Health Care Policies**

Creative Early Learning Center, LLC understands that it is difficult for a parent to leave or miss work. Therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or picked up due to illness.

If your child has any of the following conditions or symptoms, we will contact you to pick up your child from the center (within 1 to 1.5 hours) in order to prevent contamination of the other children and staff, and to provide comfort to your child.

- \*Fever accompanied by other symptoms (Temperature of 100°F taken by mouth or under the arm)
- \*Any rash suspicious of contagious childhood disease
- \*Vomiting accompanied by other symptoms (fever, rash, diarrhea, crankiness, etc.)
- \*Diarrhea accompanied by other symptoms (fever, rash, diarrhea, crankiness, etc.) or uncontrolled diarrhea/stool runs out of diaper or child unable to get to toilet in time
- \*Any skin rash, lesion or wound with bleeding or oozing of clear fluid or pus
- \*Conjunctivitis, also called “pink eye”
- \*Mouth sores with drooling
- \*Any conditions preventing the child from participating comfortably in usual program activities
- \*Any illness or condition requiring one on one care
- \*Scabies, head lice, or other infestations
- \*Constant, uncontrollable nasal discharge or constant, uncontrollable productive cough (raising phlegm)
- \*Any a contagious illness which is reportable to the department of health (See list provided)

After a child was excluded for any of the above reasons, in order to return to our center the following conditions must be met:

- \*Child must be free from fever, vomiting, diarrhea (without symptoms) for a full 24 hours

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\*Child prescribed an antibiotic for a current bacterial infection must take the prescription for a full 24 hour period

\*Child must be able to participate comfortably in all usual program activities including outdoor time

\*Child must be free from open, oozing skin conditions unless

1. A healthcare provider signs a note stating that the condition is not contagious AND
2. The involved area can be covered by a bandage without drainage through the bandage

A child excluded because of lice, scabies or other infestation may return 24 hours after treatment is begun with a note from a doctor stating that the child is larvae or nit free.

### WAIVER OF LIABILITY

In consideration of the acceptance of this application, I \_\_\_\_\_  
(Mother's Name) and I \_\_\_\_\_ waive our rights to commence  
any legal action or bring any claim against Creative Early Learning Center, LLC in  
connection with any injuries sustained by my child. Upon acceptance of the registration  
fee and deposit, we understand that this agreement will be a binding contract,  
enforceable by both parties.

Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_