

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 _____

PROGRAM IN WHICH YOU ARE ENROLLING YOUR CHILD IN:

_____ Infant _____ Yearling _____ Toddler

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 _____

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? _____

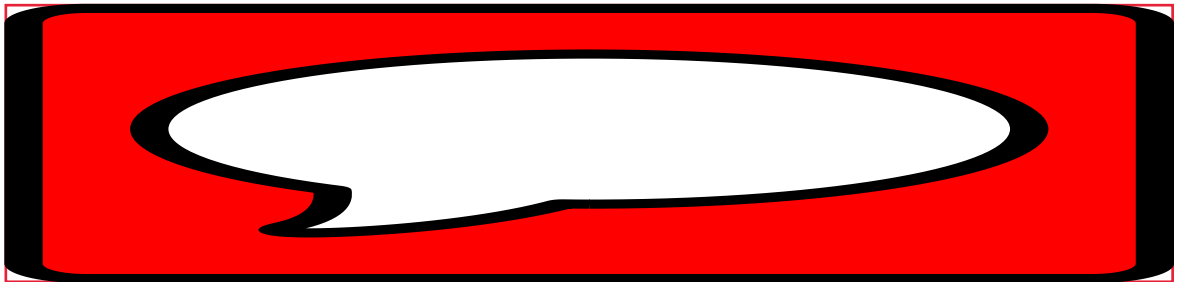
Is this child prone to colds? _____ Ear infections? _____ Diarrhea or loose stool?
_____ Vomiting? _____ Increased temperatures? _____

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

The daycare provider will be paid in the following way:

Hi-Mama App (Auto pay only) _____ Check _____ Cash _____

The charge for child care is _____ per _____.

The center opens at 7:00 AM and closes 5:00 PM. After 5:00 PM a "late fee" will be assessed. See below for our late fee's.

1st time: \$10.00 per half hour or any part of a half hour & will be given a written reminder of closing policy.

2nd time: \$15.00 per half hour or any part of a half hour & will be given a written reminder of closing policy.

3rd time: \$20.00 per half hour or any part of a half hour & mandatory meeting with the childcare director to discuss options/possible withdrawal from daycare program.

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 12 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.

Registration Fee

A registration fee of \$70 is due at the time of enrollment and each April thereafter.

Mother's Signature _____ Date _____

Father'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.

We 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's Signature _____ Date _____

Father's Signature _____ Date _____

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 _____

Phone _____

Phone _____

Phone _____

Phone _____

Relationship to child _____

Relationship to child _____

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Your parent handbook 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 been 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
- *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.

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WAIVER OF LIABILITY

In consideration of the acceptance of this application, I _____
(Mother's Name) and I _____ (Father's Name) 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 _____