



School Copy Policy Statement

HOURS: 6:30 a.m. to 6p.m. - There is a \$5.00 charge for each 10 minutes you are late picking up your child.

REGISTRATION: There is a \$100.00 non-refundable fee due at the time of registration. This fee is due annually, September 1st. Each child is required to be current on their immunizations at the time of enrollment and provide a certificate of good health from a physician within 2 weeks of enrollment date.

TUITION: All tuition is due and payable the first day of each week regardless of absenteeism or holidays. 1 week vacation (TUITION FREE) is available once a year after a minimum 6 consecutive months of attendance, provided we have been notified at least 1 week in advance. Tuition must be paid up to date in order to use a vacation credit.

LATE CHARGES: There will be a late fee of 10% per week added to the outstanding tuition balance if tuition has not been paid in full by Friday at 6:00 PM.

ARRIVAL AND DEPARTURE: Each day your child needs to arrive at school by 9:30a.m. Please sign "in" your child upon arrival and "out" upon departure. Failure to sign your child in or out will result in a \$5.00 fee for each instance. Children are not allowed to leave the facility with anyone not listed on the emergency sheet.

HOLIDAYS: Play 'N' Learn will be closed for the following holidays: New Year's Day, President's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and the following Friday and Christmas.

RETURNED CHECKS: There is a \$25.00 charge on all returned checks. Returned checks and return charges must be paid in cash. Upon receiving two returned checks, tuition must be paid in cash each week.

WITHDRAWL: Two weeks (14 days) written notice is required before withdrawal of your child. You are financially responsible for the withdrawal time.

ILLNESS: We ask your cooperation in keeping children home when signs of disease or illness are present. Should your child contract a contagious disease, please notify Play 'N' Learn immediately so other parents can be notified of exposure if necessary. If your child becomes ill at school, we will immediately contact you for pickup. While awaiting your arrival, your child will be cared for in a quiet area.

MEDICATION: We will gladly administer prescribed medication to your child at 12:00 p.m. (Noon), providing the following rules are strictly adhered to:

1. A "medication permit" has been filled out and signed by the parent. These forms must be renewed each week.
2. The medicine must be in a properly labeled bottle (original container with pharmacist's label specifying child's name and dosage).
3. Patent and over the counter medicines (e.g. Aspirin) will be given only on written request of a physician.
4. All medicines must be removed from school as soon as authorized administration period ends or it will be thrown away.

FOOD: We will provide your child with a nutritious snack at 9:00 a.m., a well balanced lunch at 11:30 a.m., and an afternoon snack at 2:45 p.m. ***NO OUTSIDE FOOD IS ALLOWED!!!***

PERSONAL: Please label all jackets, sweaters, nap blankets, changes of clothes, etc. We ask that your child not bring food or toys from home. ***Friday is our sharing day, when your child is invited to bring one non-violent toy to school.***

We are not responsible for broken or lost valuables. Please do not send your children to school wearing watches or any other type of jewelry, or valuables.

I have read and agree to the above policies:

Parent Signature

Date



Parent Copy Policy Statement

Your Child Deserves The Best!

HOURS: 6:30 a.m. to 6p.m., there will be a \$5.00 charge for each to minutes late picking up child.

REGISTRATION: Each child is required to have a certificate of good health from a physician within 2 weeks of enrollment date. There will be a \$100.00 non-refundable fee for registration. This fee is due annually, September 1st.

TUITION: All tuition is due on the first day of the week and is payable each week regardless of absenteeism or holidays. 1 week vacation - TUITION FREE - will be given after 6 months attendance once a year, provided we have been notified at least 1 week in advance.

LATE CHARGES: There will be a late fee of 10% per week.

ARRIVAL AND DEPARTURE: Each day your child needs to arrive at school by 9:30a.m. Please sign "in" your child upon arrival and "out" upon departure. Failure to sign your child in or out will result in a \$5.00 fee for each instance. Children are not allowed to leave the facility with anyone not listed on the emergency sheet.

HOLIDAYS: School will be closed for the following holidays: New Year's Day, President's Day, Memorial Day, July 4th, Labor Day, Thanksgiving and the following Friday and Christmas.

RETURNED CHECKS: There will be a \$25.00 charge on all returned checks. Returned checks and return charges must be paid in cash. Upon receiving two returned checks, tuition must be paid in cash each week.

WITHDRAWL: Two weeks (14 days) notice is required before withdrawl. You are financially responsible for the withdrawl time.

ILLNESS: We ask your cooperation in keeping children home when signs of disease or illness are present. Should your child contact a contagious disease, please notify the school immediately so that parents of other children can be notified of exposure if necessary. If your child becomes ill at school, we will immediately contact you for pickup. While awaiting your arrival, your child will be cared for in a quiet area.

MEDICATION: We will gladly administer any prescribed medication to your child at the following time: 12:00 p.m. (Noon), providing the following rules are strictly adhered to:

1. A "medication permit" filled out and signed by parent. These forms must be renewed each week.
2. Medicine must be in a properly labeled bottle (original container with pharmacist's label specifying child's name and dosage).
3. Patent medicines (e.g. Aspirin) will be given only on written request of a physician.
4. All medicines must be removed from school as soon as authorized administration period ends or it will have to be thrown away.

FOOD: We will provide your child with a nutritious snack at 9:00 a.m., a well balanced lunch at 11:30 a.m., and an afternoon snack at 2:45 p.m. ***NO OUTSIDE FOOD IS ALLOWED!!!***

PERSONAL: Please label all jackets, sweaters, nap blankets, changes of clothes, etc. We ask that your child not bring food or toys from home. Toys are not constructed to take the wear-and-tear of so many children and school sharing rules cannot be applied to a personal toy. *Friday is our sharing day when your child is invited to bring one non-violent toy.*

We are not responsible for broken or lost valuables. Please do not send children to school wearing watches or any kind of jewelry, or valuables.

We welcome children of all races, color, and religion

Recurring Payment Plan

ACH Payments or Credit Cards

Our New Recurring Payment Plan is a convenient and easy way to always be sure your tuition is paid on-time. This method of payment is available for both monthly and weekly parents!

What is ACH?

Very Simply – ACH is a method of payment whereby your tuition is automatically sent to the school, via your checking or savings account, on a pre-determined basis. These payments are pre-authorized by you, which makes processing quick and efficient. You will be sent a monthly statement via email to look over and be sure all your transactions are correct.

What is the Advantage of our Recurring Payment Plan?

Convenience is the biggest advantage. You will never have to write the school another check again. This also guarantees that you will never be hit with late charges, which can add up rather quickly. Also, if you sign up for the monthly tuition plan (paying your tuition by the month instead of by the week), then you are eligible for a monthly ACH discount of \$15 for full-time students or \$6.50 for part-time students. Save money and time at the same time.

How do you enroll for the Recurring Payment Plan?

It is extremely simple. You fill out a short form (which you get at the front desk) and turn it in. They will let you know your active date on the program and from then on, you no longer have to worry about writing out your weekly payments.

Are there any Fees involved in using this program?

No, there are not any fees involved if you are choosing to pay by ACH transfer.

Yes, there is a credit card transactions convenience fee of \$15 for monthly transactions or a \$5.00 for weekly transactions. The monthly discount will offset these charges.

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:

Play 'N' Learn PreSchool

3800 Narvaez Ave
San Jose, CA 95136
(408) 269-9004



ELECTRONIC FUNDS TRANSFER AUTHORIZATION (Please Print)

I authorize Play 'N' Learn PreSchool, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize Play 'N' Learn PreSchool to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Play 'N' Learn PreSchool to use the third party sender, RapidTuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Account Holder's Name:

Phone:

Children Names (if applicable):

Please enter children names if the account holder's last name is different.

Account Holder's Address:

City:

State:

ZIP Code:

Bank/Credit Union Name:

Bank/Credit Union Address:

City:

State:

ZIP Code:

Bank Account Type: Checking Savings Business Checking

Routing Number:

(See Sample Below)

Account Number:

(See Sample Below)

This authorization will remain in full force and effect until I notify Play 'N' Learn PreSchool in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it.

Signature:

Date:

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

(Please attach a copy of a voided check below - deposit slips not accepted)

Bank Name
Street Address
City, State, ZIP

10442042241 029999999999900403

This is the
location of the 9
digit Transit
Routing Number
for your Bank.

This is where you
will find your
account number.

RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit Card

Complete and return this form to:

Play 'N' Learn PreSchool
3800 Narvaez Ave
San Jose, CA 95136
(408) 269-9004



CREDIT CARD PAYMENT AUTHORIZATION (Please Print)

I authorize Play 'N' Learn PreSchool, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize Play 'N' Learn PreSchool to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Play 'N' Learn PreSchool to use the third party sender, RapidTuition, to process all payments.

Cardholder Name:	Phone:	
Children Names (if applicable):		
<i>Please enter children names if the cardholder's last name is different.</i>		
Cardholder Billing Address:		
City:	State:	ZIP Code:
Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover	
Account Number:	Expiration Date:	
Signature:	Date:	
PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS		



Tuition Policy Statement

WEEKLY TUITION: All tuition is due and payable Monday of each week regardless of absenteeism or holidays.

Weekly Late Charges: There will be a late fee of 10% per week added to the outstanding tuition balance if tuition has not been paid in full by Thursday at 6:00 PM.

MONTHLY TUITION: All tuition is due and on or before the first of each month regardless of absenteeism or holidays.

Monthly Late Charges: There will be a late fee of \$25 for monthly tuition that has not been paid in full by the 4th of the current month. Late fees of \$25 per week will continue to be added each Monday that follows if the tuition has not yet been paid.

PAYMENT OPTIONS:

1. Drop off cash or check at Play 'N' Learn Preschool (Monday through Friday).
2. Pay by one of our recurring payment plans (weekly or monthly)
 - Recurring Payment Plan ACH Transfer
 - To choose this option, a "Recurring Payment plan Authorization Form: ACH" must be filled out with a voided check attached to the sheet and turned into the front desk.
 - Your bank account will be charged for the balance due in your Play 'N' Learn account.
 - Recurring Payment Plan Credit Card Charges
 - To choose this option, a "Recurring Payment plan Authorization Form: Credit Card" must be filled out and turned into the front desk.
 - Your credit card will be charged for the balance due in your Play 'N' Learn account.
 - To use our Credit Card payment program a monthly recurring convenience fee of \$15 per month will be added. (This also applies to any payments above \$300)
 - To use our Credit Card payment option to make weekly recurring payments or any other payment a \$5 per convenience fee will be added each time.
3. Unless otherwise stated, parents will automatically be enrolled into our weekly payment method. If you would like to pay monthly, pay by credit card, or ACH, you must complete the appropriate paperwork and return it to the front desk.

RETURNED CHECKS: There is a \$25.00 charge on all returned checks. Returned checks and return charges must be paid in cash. Upon receiving two returned checks, tuition must be paid in cash each week.

VACATION CREDIT: 1 week vacation (TUITION FREE) is available once a year after a minimum 6 consecutive months of attendance provided we have been notified at least 1 week in advance. Tuition must be paid up to date in order to use a vacation credit.

WITHDRAWAL: Two weeks (14 days) written notice is required before withdrawal of your child. You are financially responsible for the withdrawal time.

1. I will be paying my _____ tuition _____
Child's Name _____ weekly / monthly
2. I will pay using: _____
A Recurring Payment Plan / Making my payments at Play 'N' Learn

I have read and agree to the above policies: _____

Parent Signature _____ Date _____



School Copy Contact Information

Student's Name: _____
Last _____ First _____ Middle _____ Birthdate _____

Father/Guardian (Please Print) _____ Address _____ City _____ State _____ Zip Code _____

Father's Home Phone _____ Cell Phone _____ Business Phone _____ Fax Number _____

Father's Email _____ Father's Employer/Occupation _____

Mother/Guardian (Please Print) _____ Address _____ City _____ State _____ Zip Code _____

Mother's Home Phone _____ Cell Phone _____ Business Phone _____ Fax Number _____

Mother's Email _____ Mother's Employer/Occupation _____

Student lives with: _____

Is your child currently taking any medications? _____ If yes, please explain: _____

Is he/she allergic to any medications? _____ If yes, please specify: _____

Is he/she allergic to bee stings? _____ If yes, what action should be taken? _____

Does your child have any food / diet restrictions and/or allergies? _____ If yes, please specify: _____

Does your child have any medical conditions, past or present? (seasonal allergies, physical limitations, health conditions, etc...) _____

Persons to whom my children may be released to or called in the event of an emergency:

Name _____ Home Phone/Cell Phone/Work Phone _____ Relationship _____

Name _____ Home Phone/Cell Phone/Work Phone _____ Relationship _____

Name _____ Home Phone/Cell Phone/Work Phone _____ Relationship _____



Your Child Deserves The Best!

School Copy
Medical Consent Form

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CONSENT FOR EMERGENCY MEDICAL TREATMENT

for Play 'N' Learn Preschool

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Play 'N' Learn Preschool TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

Facility Name

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST

(D.D.S.) FOR _____ THIS CARE

Child's NAME

MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

ANSWER: The following table summarizes the results of the study.

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

MY CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

CUTLIN'S HOME ADDRESS:

1st Emergency Contact Person: _____ **Phone #:** _____

Medical Insurance Provider: _____ Medical #: _____

Any further information we should know:

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LIC 627 (5/01) (CONFIDENTIAL)

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children cannot by law be given an exemption that would allow them to own, live in or work in a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is http://ccl.dss.cahw.net.gov/RegionalOf_1829.htm

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Cares Licensing

Licensing Office Address: 2580 N. 1st Street, San Jose, CA 95131

Licensing Office Telephone #: 408-277-1268

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

LIC 995 (ENG/SP) (8/02)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Play 'N' Learn Preschool

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

PERSONAL RIGHTS

Child Care Facilities

Personal Rights. See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Facilities. Each child receiving services from a child care facility shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In child care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

2580 N. 1st Street, Suite 300

CITY

San Jose

ZIP CODE

95131

AREA CODE/TELEPHONE NUMBER

408-324-2148

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Play 'N' Learn Preschool

(PRINT THE ADDRESS OF THE FACILITY)

3800 Narvaez Ave, San Jose, CA 95136

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

(NAME OF CHILD) _____, born _____ is being studied for readiness to enter

(NAME OF CHILD CARE CENTER/SCHOOL) _____ Play 'N' Learn Preschool. This Child Care Center/School provides a program which extends from 06 : 30

a.m./p.m. to 06 : 00 a.m./p.m., 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/	/	/	/	/
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/	/	/	/	/
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/	/	/	/	/
HIB MENINGITIS (HAEMOPHILUS B)	/	/	/	/	/
HEPATITIS B	/	/	/	/	/
VARICELLA (CHICKENPOX)	/	/	/	/	/

SCREENING OF TB RISK FACTORS (listing on reverse side)

Risk factors not present; TB skin test not required.

Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).

Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____

Date of Physical Exam: _____

Address: _____

Date This Form Completed: _____

Telephone: _____

Signature _____

Physician

Physician's Assistant

Nurse Practitioner



School Policies

1. **LABEL, LABEL, LABEL** - All jackets, extra clothes, nap blankets, and share toys should be labeled with your child's name.
2. **Nap Blankets** - Please bring 2 small blankets or towels on the first day of your child's week and take them home on the last day of their week to be laundered. Please label and check after washing that the name is still legible. Nap Blankets left over the weekend will be automatically laundered for a \$5.00 fee. Also, if the school must provide nap blankets for your child, there will be a \$5.00 fee charged. Each of these services must be rendered for our school to stay in compliance with our Licensing Agency.
3. **Clothing** - Please dress your child appropriately for the Preschool learning environment. We encourage your child's exploration, play, and involvement in all types of activities, such as: sandbox, climbing, paints, water play, etc... Please be prepared for your child to spill, soil their clothes during play and have accidents – it is all part of growing up.
4. **Foot Wear** - For the safety of the children, we recommend wearing rubber soled shoes. No open-toe sandals, jellies, or dress shoes are allowed. These are not safe for running or climbing and can cause injury.
5. **Jewelry** – Play 'N' Learn takes no responsibility for any lost, stolen or broken jewelry. We encourage children not to wear jewelry to school. Often times, children will take it off, share it with friends or play with it during class, all of which may lead to becoming lost or broken.
6. **Extra Clothes** – Please bring one complete set of extra clothes (labeled of course) in case of accidents. If your child has an accident and does not have a change of clothes, you will be called to pick your child up immediately.
7. **Medicine** - All medicines must be checked in with staff the front desk, Do Not Send or Leave ANY Medication In a Child's Backpack. All prescribed medicine is administered at 12:00 PM and we must have a permission slip completed by the parent before we can administer any prescribed medications.
8. **Illness** - If your child has an above grade temperature or if he/she vomits, we will call and require that your child is picked up immediately. If your child leaves the school with a temperature over 101, he/she may not return to school the next day. If your child is not well enough to go outside or participate in the normal preschool day's activities, they cannot stay at school.
9. **Share Day** – Each Friday is share day. Your child may bring one non-violent toy, book or other item from home to school. No guns or weapons of any kind are allowed - including action figures that encourage violent language or play. Please remember to label your child's share item.
10. **Birthday Celebrations** – Birthdays can be celebrated at school and you may bring “store bought” cookies or cupcakes (no cakes please). Please let the front desk know when you are bringing treats. Children celebrate as a group in their classroom. (2 to 3 classes share a room 24 to 36 children)
11. **Party Participation** - Parents are welcomed to attend school parties. If you would like to assist with treats, or party set-up, please let the front desk staff know and they will gladly sign you up.
12. **Volunteers** - Parents are invited to visit our Center at any time. If you have extra time and would like volunteer in the classroom, please see our Director.
13. **Food** - Please do not send food to school with your child. Many children have food allergies/restrictions, so we must control the food entering our center. Gum and candy are not allowed at school.

I have read & agree to follow the above Policies: _____ Date _____



Preventing and Easing Separation Anxiety in your child.

By: Marc Lariz

Many times the most difficult aspect of school is the initial separation anxiety. Often, this involves tears not only on the child's part, but by their parents as well. However, there is hope. With proper preparation and knowledge, the difficulty this natural and necessary part of childhood presents can be minimized for all parties involved.

First of all, it helps to understand exactly what is occurring and why it happens. Each child beginning school experiences separation anxiety. It is quite natural and displays a healthy bond between child and parent. The degree and severity of this condition however varies greatly from child to child. Our goal is to work through the apprehension and quickly establish trust between your child and our teachers. With patience, consistency and effective planning, everyone will get through this difficult time rapidly and enjoy the countless experiences and opportunities preschool offers.

Typical Behaviors exhibited during a new transition to school (Separation Anxiety)

- *Crying (both during drop-off and upon seeing the parent at pick-up)*
- *Clinginess*
- *Tantrums (both at home when leaving or at school drop-off)*
- *The symptoms may fade and then re-appear out of the blue*

Play 'N' Learn has developed several strategies over the years which have proven to be effective for everyone involved.

- **Ease them in** – Introduce your child to school with short, positive visits before they actually start. Spend time meeting the class teacher and students. Try to avoid nap and meal times.
- **Develop a "ritual"** – Repetitive and consistent behaviors can be comforting to children. Use a special wave or "high-five", say a little rythme together before leaving, etc...
- **Leave without Fanfare** – Tell your child you are leaving, you love them and you will be back to get them, then go – do not stall. Many children start are encouraged to cry by viewing their parents' reluctance to leave.
- **Do not sneak out** – This forms distrust and will cause your child to be clingy at drop-off time.
- **Minimize scary TV** – Studies have shown that your child will develop less fears if the shows they view are not frightening.
- **Focus on the Positive** – Build up their positive experiences at school, do not allow them to dwell on their negative feelings. Speak often at home about school, even before their start date



Parent Copy Admission Agreement

Child's Name: _____
Last _____ First _____ Middle _____ Child's Start Date _____

Is enrolled at Play 'N' Learn for _____ (days a week) For a weekly tuition of \$ _____
For a monthly tuition of \$ _____

How did you hear about PLAY 'N' LEARN?
Personal Reference _____ School Location _____ Yellow Pages _____
Website or other Online Source _____ Other _____

POLICIES:

I/We have read and agreed to abide to all policies set fourth in Play 'N' Learn's POLICY STATEMENT.

PAYMENT PROCEDURES:

TUITION is due weekly on the first day of the week (alternate payment methods must be made in advance with the director). There is a **10% late charge per week** on tuition. **A LATE PICK-UP FEE** will be charged for all children picked up after 6 p.m. (Charge will be \$5.00 for each 10 minutes late picking up child).

RIGHT OF LICENSING AGENT:

The State of California General Licensing Requirements, Section 101195 states:

- The Department of licensing agency shall have the authority to interview children or staff, and inspect and audit child or facility records without prior consent.
- The licensee shall make provisions for private interviews of child(ren), or any staff member; and for the examination of all records relating to the operation of the facility.
- The Department or licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional examine the child(ren).

WITHDRAWL POLICY:

Parents may withdraw their child for any reason with a **2 WEEK WRITTEN NOTICE** and payment in full of all tuition fees. Play 'N' Learn reserves the right to terminate any student's enrollment or to decline continued enrollment at any time for any reason not prohibited by law, for negligence of tuitions payments, or in Play 'N' Learn's sole judgment we do not meet the child's needs or in our sole judgment child's parents or guardians are uncooperative or abusive to school administrators/staff, or who in our opinion will not be satisfied with the school's best efforts.

EMERGENCY MEDICAL TREATMENT:

I hereby authorize Play 'N' Learn personnel to obtain emergency medical and/or dental care or emergency for my child at my expense.

I HAVE READ, UNDERSTAND, and AGREE to abide by all policies included in this enrollment package.

Father/Guardian Social Security Number _____

Mother/Guardian Social Security Number _____

Parent Signatures: _____ Father/Guardian _____ Mother/Guardian _____ Date _____

School Representative Signature: _____ Date _____

I agree to enroll my child _____ in the TODDLER OPTION PROGRAM

Parent Signatures: _____ Father/Guardian _____ Mother/Guardian _____ Date _____



School Copy Admission Agreement

Child's Name: _____
Last _____ First _____ Middle _____ Child's Start Date _____

Is enrolled at Play 'N' Learn for _____ (days a week) For a weekly tuition of \$ _____
For a monthly tuition of \$ _____

How did you hear about PLAY 'N' LEARN?

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Parent Signatures: _____ Father/Guardian _____ Mother/Guardian _____ Date _____