



Parkside Preschool

1017 Park Blvd
Boise, Idaho 83712

Primary Information Sheet

Child's Full Name: _____ Male Female

Child's Date of Birth (month/day/year): _____

Date Applied: _____ Date Enrolled: _____

Mother's Name: _____

Home Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

Phone Carrier: _____

Employer: _____

Work Phone: _____

Email: _____

Father's Name: _____

Home Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

Phone Carrier: _____

Employer: _____

Work Phone: _____

Email: _____

Guardian's Name: _____

Home Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

Phone Carrier: _____

Employer: _____

Work Phone: _____

Email: _____

Please list child's siblings, pets, and any others living in the home:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____



Emergency Contact/ Authorized Pick- Up Person Form

Emergency Contact/ Authorized Pick- Up Person: Please list anyone who may be contacted to care for your child if a parent cannot be reached in an emergency or someone authorized to pick up your child from Parkside. Please note anyone not listed on this list will not be authorized to pick up your child for any reason, unless you add them and sign a new document.

Name:	Relationship:	Phone:	Emergency/Pick-Up:	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Child's Doctor: _____

Office Phone: _____

Address: _____

Child's Dentist: _____

Office Phone: _____

Address: _____

UPDATED:

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____

DATE: _____ SIGNATURE: _____



CHILD PROFILE

Please describe your child:

What language(s) does your child speak/ understand?

What language is primarily spoken at home? _____

Is this your child's first childcare experience?

If not, please describe your child's previous experience:

What are you child's favorite toys:

What are you child's favorite activities:

Please describe family activities your child enjoys:

Does your child go outside often?

Does your child have any fears, if so, what are they and how does your child deal with them?

How does your child deal with strong emotions?

What has been effective to calm/comfort your child?

Does your child have any special needs?

Does your child have any health issues/ history?

Please feel free to give us any additional information about your child:



Health Inventory

How healthy is your child?

Has your child had any serious illnesses?

Has your child had any operations?

Does your child receive daily medication? (PLEASE FILL OUT ROUTINE MEDICATION ADMINISTRATION SHEET IN ADDITION)

Does your child have any known allergies? (such as insect bites, food, eczema, medicine, etc.)

Is there anything else you feel we should know?

Please attach a copy of your child's immunization record.
Update us whenever an immunization is received!



Enrollment Agreement

I, _____, agree to enroll my child, _____, at Parkside Preschool. I understand that I will pay a fee of \$_____ on the first business day of the month. It is my understanding that a tuition payment will be made monthly, regardless of my child's absence or the observance of Parkside Preschool holidays.

I agree to give Parkside Preschool 30 days written notice if I should decide to change my child's enrollment status. If that notice is not given, I agree to pay the remainder of the fees owed to Parkside Preschool. I have read Parkside Preschool Parent Handbook and will honor the policies stated within.

- NOTE: Tuition and Fees will be updated annually in September, as necessary.

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

UPDATED:

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____

Tuition Rate: _____ DATE: _____ SIGNATURE: _____



Financial Agreement

1. A non-refundable registration fee of \$100.00 per child is payable at time of enrollment. There will be an additional \$150.00 summer registration fee for children for the summer program.
2. Tuition is processed the 1st business day of the month or every two weeks on the Friday you have selected.
 - a. Any payments received after the 5th calendar day will be subject to a late charge of \$20.00 per day late charge unless prior arrangements are made.
 - b. Services may be discontinued on the 20th calendar day unless balance is paid in full.
 - c. A late charge of **\$3.00 per minute per child** will be assessed to those families picking up children after 6:00 PM.
3. Monthly tuition remains the same each month regardless of illness, absence, school closure, and/or legal holidays. If a holiday falls on the weekend, it will be observed on the closest weekday. If the holiday is on Saturday, Parkside Preschool will be closed Friday, if the holiday is on Sunday, Parkside Preschool will be closed Monday.
4. The center will be closed on the following holidays:
 - New Year's Day
 - Presidents' Day
 - Memorial Day
 - 4th of July
 - Labor Day
 - Veterans Day
 - Thanksgiving (Thursday and Friday)
 - Christmas Eve (Close early at 2pm)
 - Christmas Day
 - Plus, up to 3 floating holidays to be announced Jan 1st each year
5. A sibling discount will be given to families with two or more children enrolled on a full-time basis. A 10% discount will be deducted from the youngest child's tuition.
6. Parkside Preschool requires a written notice of termination at least 30 days in advance. If a family does not give 30-day written notice - a two-week charge will be added.
7. In order to hold a space, a non-refundable deposit of one month's tuition is required. One-half is due immediately plus the registration fee, with the balance due 30 days prior to the child's start date. The full amount of the deposit will be applied to the first month's tuition.

I have received a copy of Parkside Preschool Handbook and Registration policies and agree to adhere to the policies and procedures stated within. I have read and agree to accept the above Financial Agreement as a binding contract between me and Parkside Preschool.

Parent's Signature: _____ Date: _____



Emergency and Medical Procedures

I have been informed and agree to the following medical procedures:

- In case of illness, I will be called and will pick up my child immediately.
- In case of simple injury (such as scrapes and splinters) I understand that Parkside Preschool staff will perform routine hygienic measures such as washing wounds and applying bandages.
- In cases requiring the attention of a physician (such as stitches and X-ray) I understand that I will be called. If I or the listed emergency contacts cannot be reached, I give my permission for Dr. _____ to be called at _____ and for the doctor to provide the necessary treatment. I agree to assume financial responsibility for the same.
- In case of medical emergency, I will be called immediately. If circumstances require, EMS will also be called. Parkside Preschool will respond as necessary until EMS arrives. In the event hospitalization is required, I give permission for my child to be hospitalized and treated by a qualified physician. I agree to assume financial responsibility for such treatment.

Parent's Signature: _____ Date: _____



Informed Consent – Transportation

I grant my informed consent for my child _____ to participate in field trips with Parkside Preschool.

It is my understanding that my child will be transported in a safe, registered vehicle and that the driver will have a current driver's license.

I understand that the children in the vehicle shall not be left unattended or unsupervised at any time. My child will be transported in a child restraint system appropriate for his/her height and age.

Parent's Signature: _____ Date: _____



Informed Consent – Swimming

I give permission for my child _____ to participate in wading pool and swimming activities. I understand that while using wading pools and/or swimming pools my child will be adequately supervised by a staff member.

Parent's Signature: _____ Date: _____



Informed Consent – Sunscreen

I give my permission for sunscreen that I provide to be applied to my child _____ when needed.

Parent's Signature: _____ Date: _____



Photographing, Facebook and Videotaping Agreement

Children are photographed or videotaped at The Barnyard Daycare and Learning Center for a variety of uses. Internal uses may include the The Barnyard Daycare and Learning Center website, children's portfolios, and activities and events for posters and for The Barnyard Daycare and Learning Center photo albums. External uses may include news reports by local newspapers or broadcasting stations. All release of The Barnyard Daycare and Learning Center media will be for staff-approved applications only.

Please read below, check off the areas for which you would like to give permission, make any special comments, and sign and date at the bottom.

Portfolios, activities and events

Facebook

Photo albums

The Parkside Preschool website

Comments:

I give permission for my child _____ to be photographed or videotaped for the reasons checked above.

Parent's Signature _____

Date _____

Director's Signature _____

Date _____