



Five Mile River Nursery School Additional Enrollment Forms

Parent Contract

Emergency Forms

Permission Form

**Optional Alternative Pick-up
Permission Form**

**Permission to Administer
Non-Prescription Medication**

Medical Care Plan



PARENT CONTRACT

School Year 2014/2015

I, _____ understand the
(Print your name)

Payment Schedule and agree to accept responsibility for payment of all fees. I agree to read the Parent Handbook (revised copy will be mailed in June) and abide by all the policy requirements of the school. **Additionally, I acknowledge that prior to enrollment; the school's Discipline Policy was discussed with me.**

Signed, _____
(Your signature) (Date)

Please select your method of payment for tuition:

_____ I prefer to pay my child's monthly tuition by Cash or Check.
(Any returned checks will be subject to a \$20 service fee.)

_____ I hereby authorize the Five Mile River Nursery School to bill my credit card with a 2.5% convenience fee (following the Parent Handbook Payment Schedule) for my child's tuition, after receipt of invoice or statement.

Tuition checks should be made out to the Five Mile River Nursery School and mailed to:

ttn: Administrative Coordinator
5 Pennoyer Street
Rowayton, CT 06853, A.

You may also hand deliver your check to the Administrator's mail box located in the church's library, or directly to the nursery school office.

Please provide the email address(es) where invoices should be sent:

EMAIL: _____

All families are requested to provide the school with credit card information regardless of your chosen method of payment. If you have chosen to pay in full, this information may be used with your permission for any extended-day or other charges. This information may also be used in case any payment is 60 or more days in arrears. Payments will be automatically charged to your credit card in order to keep your account current:

MasterCard *** Visa *** American Express *** Discover *** (please circle one)

Number: _____ Exp. Date: _____

Your name as it appears on your credit card: _____

Signature: _____

Returned checks will be subject to a \$20 service fee.

Families unable to keep current with tuition payments within 60 days must make arrangements for payment with the Nursery School Council, and after 90 days, be suspended or asked to withdraw from the program.

THIS FORM MUST BE COMPLETED IN FULL, SIGNED BY PARENTS AND MAINTAINED ON SCHOOL PREMISES.

EMERGENCY INFORMATION CARD
School Year 2014/2015



Child's Name _____ Birth Date _____

Child's Home Language: _____ Translation needed? Y/N _____

Home Add. (include city & zip code) _____

Phone _____ Email: _____

1. Parent's Name _____

Place of Employment (Firm name & Address) _____

Cell Phone: _____ Bus. Phone _____

2. Parent's Name _____

Place of Employment (Firm name & Address) _____

Cell Phone: _____ Bus. Phone _____

Child's Dentist _____

Dentist's Address _____ Phone _____

Child's Physician _____

Physician's Address _____ Phone _____

Hospital preferred _____

Parent's Health Insurance Policy Number _____

LAST DPT _____ **Allergies** _____

MEDICATIONS _____

If unable to contact parents, whom should we contact:

Name _____

Address _____ **Phone** _____

OTHER SIGNIFICANT MEDICAL INFORMATION _____

I give permission to Five Mile River Nursery School to make whatever emergency, (e.g., first aid, disaster evacuation) measures as judged necessary for the care and protection of my child (name) _____ while under the supervision of the School/Center.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource, (police, rescue squad) deems it necessary. The child will be transported at the expense of _____.
(Parent or Guardian)

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

DATE _____ **SIGNATURE** _____

(Parent or Guardian)

To be kept by school telephone and taken on all field trips. Programs providing transportation should carry a duplicate set in vehicle.



PERMISSION AGREEMENT

School Year 2014/2015

- A. I/we grant permission for my child, _____, to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here. _____.
- B. I/we grant permission for my child to leave the school premises under supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.
- C. I/we grant permission for my child to be included in evaluations, pictures, and publicity connected with the day care center's programs. Publicity photos may include unidentified photos used on the school website, Facebook Fan Page, or community website. Please provide your preferred email address:

- D. I/we grant permission for the program to post information about my child's allergy(ies) in food preparation areas and all other areas in the program facility the child uses to be used as a visual reminder to all those who interact with my child during the program day.
- E. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:
1. Administer first aid.
 2. Attempt to contact a parent or guardian.
 3. Attempt to contact the child's physician.
 4. Attempt to contact the parent through any of the persons listed on the emergency information card completed for the Center. (Note: It is the parent's responsibility to keep this card up to date.)
 5. If we cannot contact the parent or the child's physician, we will do any or all of the following:
 - a. Call another physician.
 - b. Call an ambulance.
 - c. Have the child taken to an emergency hospital in the company of a staff member; staff vehicle; program vehicle.
 6. Any expenses incurred under 5. above will be borne by the child's family.
- E. The school will not be responsible for anything that may happen as a result of false or incorrect information given at the time of enrollment.
- F. The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed: _____
(Parent or Legal Guardian)

Date _____



OPTIONAL ALTERNATE PICK-UP PERMISSION FORM

School Year 2014/2015

OPTIONAL ALTERNATE PICK-UP PERMISSION
FOR _____

I/WE GIVE PERMISSION FOR THE FOLLOWING PEOPLE TO PICK UP MY CHILD AT
ANY TIME:

Name	Telephone #	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

PARENTS PLEASE NOTE:

1. A picture ID is required for anyone picking up your child.
2. In the event that any of the approved persons come in to pick up your child, we will release your child to them, provided they have proper identification, as they have already been approved by your signature below. However, we would prefer prior notification as an extra precaution.
3. If there is any change in this pick-up agreement, it is the parent's responsibility to notify the school of the change.

I have read and agree to the requirements to allow the above person(s) to pick
up my child at any time.

Parent signature _____ Date _____



**PARENT/GUARDIAN AUTHORIZATION
FOR THE ADMINISTRATION OF
NON-PRESCRIPTION TOPICAL MEDICATIONS BY CHILDCARE PERSONNEL
School Year 2014/2015**

To Childcare nurse, director or teacher:

I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the childcare facility. I understand that I must supply the childcare center or group home with the non-prescription topical medication in the original container labeled with my child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications:

1. Non-prescription skin lotion.
2. Non-prescription insect repellants.
3. Non-prescription sunscreen protectants that are free of amino benzoic acid (PABA) or its derivatives.

Name of child _____ DOB _____

Address _____

Medication: Name, method of administration, area of application _____

Schedule of administration _____

Medication shall be administered: From: _____ To: _____
Date Date

Reason for which medication is being administered _____

I have administered at least one application of the above medication to my child without adverse side effects.

Parent/Guardian Signature _____ Relationship _____

Printed Name of Parent/Guardian _____ Date _____

Address _____

Telephone _____ Work _____ Cell _____



Please contact the school for appropriate permission forms if you require any prescribed medications to be administered by school staff.

No prescription medication will be administered without fully completed, signed and staff-reviewed forms on file at the school.

FOR STAFF TO COMPLETE:

Parent authorization form and medications received by _____
Signature of staff

Medication started _____
Date and time

Medication completed _____
Date and time



MEDICAL CARE PLAN School Year 2014/2015

(To be filled out by the parent and reviewed by the classroom teacher and program administrator
for any medical assessment need indicated on health form)

Child's Name		
Date of Birth		
Medical Condition		
Signs and Symptoms		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Plan of Action:		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Signature of Parent		Date:
Please print name		
Signature of Teacher		Date:
Print name and classroom		
Signature Administrator		Date:
Please print name and title		