



Nationally Accredited by NAEYC's  
National Academy of Early Childhood Programs  
Program #478417

## **FORMS**

**Family Contract**  
**Health Form**  
**Emergency Forms**  
**Permission Form**  
**Permission to Administer**  
**Non-Prescription Medication**  
**Medical Care Plan**



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**FAMILY CONTRACT**  
**School Year 2019/20**

I, (Print your name)\_\_\_\_\_ understand the Payment Schedule and agree to accept responsibility for payment of all fees and that refunds after withdrawal are issued as a credit against future use of the program after non-refundable portions are deducted. I agree to read the Family Handbook (revised copy will be mailed in June) and promise to 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.

**WITHDRAWAL/DISENROLLMENT POLICY**

Every effort will be made to meet a child's needs. If both family and staff come to the mutual agreement that the school is unable to meet the needs of the child, only then will the child be disenrolled.

There is a period of "provisional enrollment," of 30 school days, during which time family, staff and children are able to assess whether the school will satisfy the needs of all concerned.

We will make every effort to use Scientifically Researched Based Intervention strategies to address challenging behaviors any child may display. We may also pull in any of our Consultants (See Family Handbook pages 42-43) for resources and advice. However, we reserve the right to dismiss a child at any time we deem necessary. Reasons for dismissal include, without limitation, the following:

- Excessive disruptive behavior by the child or family
- Excessive and continuing injuring of other children, adults or property
- Failure to pay tuition on time
- Excessive lateness in picking up the child
- Any other inappropriate conduct, to be determined in our sole discretion

We reserve the right to dismiss the child immediately and without notice under appropriate circumstances, to be determined in our sole discretion.

**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 prefer to pay by credit card with a 3.5% convenience fee (following the Family 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 5 Pennoyer Street, Rowayton, CT 06853, Attn: Administrative Coordinator. 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:**

**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: \_\_\_\_\_ Security Code \_\_\_\_\_

Your name as it appears on your credit card:

\_\_\_\_\_  
Signature:

Returned checks will be subject to a \$25 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 FAMILIES AND MAINTAINED ON SCHOOL PREMISES.



**EMERGENCY CARD\* School Year: 2019/2020**

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

CHILD'S ADDRESS \_\_\_\_\_ MAIN PHONE: \_\_\_\_\_

Date child entered program (mm/dd/yy) \_\_\_\_\_ CELL/WORK PHONE: \_\_\_\_\_

Child's home language: \_\_\_\_\_ Translation needed? Y/N \_\_\_\_\_

Email: \_\_\_\_\_ CC Email: \_\_\_\_\_

1. Family's Name & Home Address (if different) \_\_\_\_\_ Main PHONE \_\_\_\_\_

2. Family's Name & Home Address (if different) \_\_\_\_\_ Main PHONE \_\_\_\_\_

1. Family's Employer (include street address & zip code) \_\_\_\_\_

\_\_\_\_\_ BUS. PHONE \_\_\_\_\_

2. Family's Employer (include street address & zip code) \_\_\_\_\_

\_\_\_\_\_ BUS. PHONE \_\_\_\_\_

**ALTERNATE: Persons, other than family members, who live nearby to be called to transport in case of emergency and authorized to pick your child.**

1 \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

2 \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PHYSICIAN Name & Address \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_ LAST DPT \_\_\_\_\_

HOSPITAL PREFERRED \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

OTHER SIGNIFICANT MEDICAL INFORMATION \_\_\_\_\_

Child's DENTIST Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_  
(Family)

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

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**(Family 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: 2019/2020**

- 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 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 the family or guardian.
  3. Attempt to contact the child's physician.
  4. Attempt to contact the family through any of the persons listed on the emergency information card completed for the Center. (Note: It is the family's responsibility to keep this card up to date.)
  5. If we cannot contact the family 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.
- G. I/we acknowledge that the behavior management/discipline plan has been discussed at the Family Meeting, supplied to me in the Family Handbook, and reviewed prior to enrollment.
- H. After review of my child's developmental assessment (CT DOTS and ASQ), I/we grant permission for my child's teachers to communicate confidentially with any receiving school about the information contained in the report, for the purposes of educational planning for the needs of my child.

Signed: \_\_\_\_\_  
(Family or Legal Guardian)

Date \_\_\_\_\_



School Year 2019/2020

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
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**FAMILIES 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 family'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.

Family signature \_\_\_\_\_ Date \_\_\_\_\_

**No one will be allowed to pick up your child without prior written permission  
by note or by email.**



**five mile river  
nursery school**



**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.**  
**Note that your child may not attend school without his/her necessary medications and permissions to administer.**

**FOR STAFF TO COMPLETE:**

**Family authorization form and medications received by** \_\_\_\_\_  
**Signature of staff**

**Medication started** \_\_\_\_\_  
**Date and time**

**Medication completed** \_\_\_\_\_  
**Date and time**





## Medical Care Plan

(To be filled out by the family 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 Family		Date:
Please print name		
Signature of Teacher		Date:
Print name and classroom		
Signature Administrator		Date:
Please print name and title		

This form and all medication administration records will be retained at the school a minimum of two years after the child has left the program.