

The Learning Playhouse

208 North Providence Road
North Chesterfield, VA 23235
(804) 560-7808
learning-playhouse.net

Requirements for our School Age Program

- **Completed Application**
 - Child's Information
 - Parent Information
 - Physician's Information (Name, Address, and Telephone Number)
 - Two Emergency Contacts (Address and Telephone Number)
- **Current Physical Examination with Immunization Record**
School Entrance Health Form
- **Blanket Permission Form**
- **Picture/Video Release Form**



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Child Enrollment Form



Child Information

Last Name	First Name	Middle Name	Nickname	Sex	Birth Date
Street Address		City	State	Zip	Home Phone
Allergies/Chronic Physical Problems/Diseases/Pertinent Information/Special Accommodations Needed					
If Child Attends School Program (Name and Location)			Previous Child Care		

Parent/Guardian Information

Father	Place Employed	Business Phone
Business Address		Cell Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Business Address		Cell Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

Emergency Information

Child's Physician	Address		Phone
Persons to Contact if Parents Cannot be Reached (MUST BE LOCAL)	Complete Address	Relationship	Phone
(1)			
(2)			
Persons Authorized to Pick Up Child			
Person(s) NOT Authorized to Pick Up Child*			

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child

(Over)

Agreements

1. The parent will fill out a blanket permission form for the child to participate in field trips and other activities.
2. The Learning Playhouse agrees to notify the Parent/Guardian whenever this child becomes ill, and the Parent/Guardian agrees to pick the child up thereafter as soon as possible.
3. The Parent/Guardian authorizes the Learning Playhouse to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
4. Parent/Guardian receives, reads, and remains in compliance with handbook/policy. _____(Initial)
5. The Parent/Guardian agree to inform the center within 24 hours or the next business day after this child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
6. In the event that your account is turned over to a collection agency, you will be responsible for all collection costs including reasonable attorneys' fees. _____ (Initial)

Signatures

Parent/Guardian	Date
Administrator	Date

Date of Admission: _____

Date Withdrawn: _____

Proof of Child's Identity (OFFICE USE ONLY)

Type of Document	Birth Date	Certificate Number	Date Issued
Place of Birth	Previous Child Care		Date Document Viewed (Initial)

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____ (Date)

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

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Hours of Operation: 7:00am - 6:00pm

Class Offered:

Preschool Full Time Only

(Two Years Old - Five Years Old)

Tuition Includes:

- Age Appropriate Curriculum
- Academic Materials
- Spanish Class
- Sign Language Class
- Breakfast
- Lunch
- Afternoon Snacks

Program Includes:

- Structured Classroom Activities
- Reading Program for Pre-K Class
- Math Curriculum
- Arts & Crafts
- Thematic Weekly Lessons
- Drama & Music
- Field Trips
- Spanish
- Sign Language

School Age

(Five Years Old - Twelve Years Old)

Tuition Includes:

- Breakfast
- Snack
- Transportation
- Homework Supervision

Program Includes:

- Homework Supervision
- Daily Playground Activities
- Arts & Crafts
- Indoor Centers & Skill Activities
- Field Trips (When School is Closed)

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Picture and Video Release Form

- I consent to having my child's picture and/or video appear on the Learning Playhouse' website/Facebook page. I understand that I may have any picture or video of my child removed at any time.
- I DO NOT want my child's picture and/or video to appear on the Learning Playhouse' website.

Child's Name

Parent's Signature

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Blanket Permission Form

I give my child, _____ my permission to participate in Field Trips and other extracurricular activities conducted by the Learning Playhouse.

I understand that I will be notified in advance the time, date, location, and a list of things that I need to provide for each trip or activity.

If I wish for my child not to participate in a certain planned trip or activity, I will notify the teacher verbally or in writing ahead of time.

Parent or Guardian Signature

Date

Mom

Work Number: _____

Cell Number: _____

Dad

Work Number: _____

Cell Number: _____