

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**



The Learning Playhouse

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

Financial and Liability Agreements

By initialing each of the following paragraphs and signing this document the parents and/or guardians of the child being enrolled and The Learning Playhouse (collectively known as “the parties”) agree to meet the following financial obligations and conditions for limiting liability:

1. Parent(s) and/or guardian(s) of each child enrolled must complete a blanket permission form authorizing the child to participate in field trips and other activities. A copy of such blanket permission form has been provided with this document (hereinafter the “Agreement”) prior to signing of the same and is made a part of this Agreement by reference herein. _____(Initial)/ _____(Initial)

2. The Learning Playhouse (hereinafter “TLP”) shall notify the parent(s) and/or guardian(s) of each enrolled child whenever this child becomes ill, (See Handbook for definition of “ill”), and the parent(s) and/or guardian(s) shall pick up the child, or have the child picked up by an authorized individual, as soon thereafter as possible.
_____(Initial)/ _____(Initial)

3. The parent(s) and/ or guardian(s) authorize TLP to obtain immediate medical care for their child(ren) if any emergency occurs and no parent or guardian authorized to give permission for emergency care can be located immediately.
_____(Initial)/ _____(Initial)

4. The parent(s) and/ or guardian(s) acknowledge they have received, read, and agree to comply with all terms, conditions, and policies contained in the TLP handbook which is made a part hereof by reference herein.
_____(Initial)/ _____(Initial)

5. The parent(s) and/or guardian(s) agree to inform TLP, within 24 hours or by the next business day, whether their child or any member of the child’s 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.
_____(Initial)/ _____(Initial)

6. Tuition is due by Wednesday of each current week. The parent(s) and/or guardian(s) agree they are obligated to provide TLP with two (2) weeks prior notice to anticipated withdrawal of the child. If two (2) weeks’ advance notice is not provided, the parent(s) and/or guardian(s) shall be financially responsible for up to two (2) additional weeks of tuition following withdrawal, whether or not the child attends TLP during such notice period.
_____(Initial)/ _____(Initial)

7. If tuition is not received in a timely fashion as described herein, an account with a past due balance totaling tuition of two (2) weeks or more may be submitted for collection and the parent(s) and/or guardian(s) agree they shall be obligated for any and all costs of collection, including but not limited to, attorney’s fees totaling no less than twenty-five (25%) percent of the total balance due which may include the amount due for any of the advance two (2) weeks’ notice described in paragraph 6 whether or not the child attended TLP and court costs incurred to collect such balance due.
_____(Initial)/ _____(Initial)

By signing below, the parties acknowledge they agree to be bound by all financial terms and conditions contained herein:

Signatures

Parent/Guardian	Date
Parent/Guardian	Date
Administrator	Date

Date of Admission: _____

Date Withdrawn: _____

****If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.**

**Identity Verification
(OFFICE USE ONLY)**

If proof of identity is required and a copy is not kept, please fill out the following:

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 my child's picture and/or video to 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

Dad

Work Number: _____

Work Number: _____

Cell Number: _____

Cell Number: _____