



Registration Form

2017-2018

Please make checks payable to: **Time to Shine Preschool**
1867 Lake Pine Dr.
Cary, NC 27511
(919) 291-3802

Date of Enrollment: _____

CHILD'S INFORMATION

Child's Name (first/middle/last): _____ Name called: _____

Address: _____ City: _____ ZIP: _____

Birth Date: ___/___/___ Sex: M ___ F ___

GRADE

Threes: () TH () MWF () MTWHF Pre-K: () MTWHF

FAMILY INFORMATION

Full Name of **Mother**: _____ Employer: _____

Home Address: _____ City: _____ ZIP: _____

Home #: _____ Work #: _____ ext. _____ Cell #: _____

Email: _____ Receive Communications Here?: _____

Full Name of **Father**: _____ Employer: _____

Home Address: _____ City: _____ ZIP: _____

Home #: _____ Work #: _____ ext. _____ Cell #: _____

Email: _____ Receive Communications Here?: _____

Names of other children in family:

Pets:

Name: _____ Birth date: ___/___/___ Name: _____ Type: _____

Name: _____ Birth date: ___/___/___ Name: _____ Type: _____

Name: _____ Birth date: ___/___/___ Name: _____ Type: _____

EMERGENCY CONTACTS & YOUTH PICK UPS

If parent or guardian cannot be reached, the following person(s) may act as an emergency contact and are authorized to pick up your child:

1. Name: _____ Relationship to child: _____

Home #: _____ Work #: _____ ext. _____ Cell #: _____

2. Name: _____ Relationship to child: _____

Home #: _____ Work #: _____ ext. _____ Cell #: _____

3. Name: _____ Relationship to child: _____

Home #: _____ Work #: _____ ext. _____ Cell #: _____

4. Name: _____ Relationship to child: _____

Home #: _____ Work #: _____ ext. _____ Cell #: _____

Child's **Doctor**: _____ Phone #: _____

CHILD'S HEALTH HISTORY

Are your Child's immunizations up to date? Yes () No ()

If no please explain: _____

Note: Please attach a copy of immunization record

Does child have any known health problems? Yes () No () (If yes attach documentation)

Check (√) any of the following illnesses the child has had:

- Asthma Earaches Mumps Whooping Cough Bronchitis
- Eczema Pneumonia Polio Chicken Pox Frequent Colds
- Croup Convulsions Measles Influenza Rheumatic Fever
- Diphtheria Tonsillitis Other: _____

Please list any injuries child has had: _____

Does you child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions: _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken: _____

Please comment on any other medical information/or special need we should be aware of:

PROGRAM POLICIES

Please read each of the following policies and sign below to indicate your understanding of these policies.

Program Policies:

1. I understand that Time to Shine Preschool is not responsible for any personal items lost or stolen at our facilities.
2. Inclement Weather – Time to Shine Preschool will follow the inclement weather decisions made by Wake County Public School System (WCPSS) for closings. If WCPSS elects for a 1-hour delay, our morning session will begin at 10AM and end at 12:45PM. If WCPSS elects for a 2-hour delay, our morning session will begin at 11AM and end at 12:45PM.
3. Toilet Training – Every student must be fully able to use the toilet and wash their hands without assistance. Our teachers cannot assist with toileting. Students who are dependant upon (wearing) Pull-ups or Diapers are not considered to be fully toilet trained and will not be allowed to attend school until they are able to wear underwear and use the restroom independently. Parents are still responsible for all tuition and fees incurred during the time the child is unable to attend.
4. Longer hair should be securely fastened so that it remains out of the student's eyes and face throughout the school day.
5. Termination of Enrollment – The owner of Time to Shine Preschool reserves the right to terminate the enrollment of any child whose behavior poses a threat to the safety and/or well-being of other children in the preschool or to themselves. Termination may also be a possibility if a child is frequently exhibiting behavior that is affecting the classroom routine, requiring the teacher's attention for a disproportionate amount of time, or is disruptive to the point where it is adversely affecting the classroom setting. A child's enrollment may also be terminated as a result of rude or inappropriate behavior by the parent toward Time to Shine Preschool staff or other preschool families, repeated failure to pay tuition in a timely manner, repetitively failing to pick up the student at the designated time, or smoking or using profanity on school grounds. Time to Shine Preschool prides itself in having an open, working relationship with parents in order to provide the best learning environment for our students. We aim to share as much information as possible with parents regarding behavioral and educational issues. Only in very extreme cases would a student be terminated without ample discussions with the parent beforehand. In these extreme cases, termination of enrollment can be effective immediately. In all cases, termination is determined by the owner, Brooke Saunders. In the event that your child's enrollment is terminated according to this policy, no refund for tuition will be given.

Payment & Registration Policies:

6. Registration Fee – A registration fee of \$100 will be charged, along with pre-payment of June 2018 tuition. The registration fee is non-refundable. The prepaid June 2018 tuition is refundable only if we receive a withdrawal notice, in writing, by May 1, 2017. Both fees are due, in full, on the day of registration.
7. Late Pickup – I agree to pick up my child no later than 12:50PM. After 12:50PM, there will be a \$3 charge for each additional minute until I arrive. An allowance of three late pickups will be provided per school year without charge, unless I am later than 1:00PM. After 1:00PM, any remaining tardy allowances will be ignored and the entire \$3 per minute late charge will be incurred.
8. Late Payment – I understand that tuition is due on or before the first (1st) day of each month. After the fifth day of the month, an additional \$20 per day late fee will be incurred.
9. Insufficient Funds – If my bank returns a check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$35 for each returned check. I will need to send cash, money order, or a certified check within 10 business days after I receive a notification letter from Time to Shine Preschool. Personal checks will no longer be accepted after the bank returns a check for any reason.
10. Withdrawal – A one (1) month written notice is required for withdrawal from the preschool. Tuition is still due for the following month. Nonattendance, without written cancellation, does not relieve me of the responsibility to pay for the program.

Waivers/Permissions:

11. Photography – I give Time To Shine Preschool and its employees permission to use for any lawful purpose my and/or my child's likeness, image, voice and/or appearance as such may be embodied in any pictures, drawings, renderings, photographs, video recordings, digital images or the like, with the understanding that my child's name will not be published. I agree that Time to Shine Preschool has complete ownership of such pictures, etc., including by not limited to illustrations, bulletins, exhibitions, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including but not limited to the internet, television, radio, newspaper, magazines, social media sites (e.g. Facebook, Twitter, Flickr, Shutterfly, etc.). I also agree that Time to Shine Preschool has permission to release such pictures, etc. to the news media. I acknowledge that I will not receive any compensation or remuneration for the use of such pictures, etc. I understand that once such pictures, etc. are published to the media or on the internet, or are otherwise published, they may be used in publications and/or on websites outside of Time to Shine Preschool's control.

I have read, understand and agree with the policies as stated in this document. My signature below indicates that I agree to adhere to all policies and procedures of Time to Shine Preschool.

(Signature of parent/guardian)

(Date)

MEDICAL & SICKNESS POLICIES

Please read each of the following policies and sign below to indicate your understanding of these policies.

ULTIMATELY THE CARE OF THE CHILD IS THE PARENT'S RESPONSIBILITY

Parents Agree to Keep or Take Their Child Home for the Following Conditions:

- Pain – Any complaints of unexplained or undiagnosed pain
- Fever – 100°F/38.3°C or higher
- Sore throat or trouble swallowing
- Headache or Stiff Neck
- Unexplained diarrhea or loose stool combined with nausea, vomiting or abdominal cramps
- Nausea or vomiting
- Sever itching – Including body and/or scalp
- Pink Eye
- Excessive Coughing or Sneezing
- Known or suspected communicable diseases
- Is not well enough to take part in the activities at the preschool

Parents agree that a child will be symptom free, without the aid of symptom reducing medications such as Tylenol, for a full 24 hours prior to returning to preschool. We reserve the right to ask for a note from your family doctor, depending on the illness/disease.

Notification:

- Parents – Parents will inform the preschool within 24 hours of a diagnosis of a serious illness or contagious disease of a communicable nature in the family. This is to protect the other families who attend the preschool. Failure to do so is grounds for immediate termination of care.
- Staff – Parents will be notified immediately if their child begins to exhibit symptoms during a school day and agree to pick up their child early. If your child is seriously ill, you or an alternate must come for the child immediately. If a parent cannot be reached, an emergency contact listed on the registration form or the child's doctor may be contacted depending on the seriousness of the illness. See the *Medical Treatment Policies: Emergency* section for actions that will be taken during an emergency situation.

Medical Treatment Policies:

12. Blood Borne Pathogen Exposure – I understand that, while my child is in the care of Time to Shine Preschool, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, the staff will contact the parents of both children. They will explain what has occurred, and provide the name of the attending physician of the source child to parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the name and telephone number of the child's attending physician will be provided to the staff member.
I have read and agree with the statement and specifically authorize Time to Shine Preschool to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.
13. Emergency – In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, the staff of Time to Shine Preschool will contact emergency medical personnel and, pending their arrival, take those actions that are in the staffs' judgment to be in the best interests of the child.
14. Medications – Time to Shine Preschool staff will not administer any medication to students. Do not send medication with your child. The one exception to the foregoing is EpiPen injections. When special circumstances exist, personnel from Time to Shine Preschool will be available to meet with the parent(s) or guardian(s) of the child in question and strive to develop through dialogue a mutually acceptable alternative way to make sure the medication requirements of the child are met.

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