

DJ's Preschool
Contract Agreement
Pinecrest Sloan Canyon

Rev.7/2019

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Child's name: _____
Father's name: _____ Mother's name: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone Home: _____ Phone Home: _____
Work: _____ Cell: _____ Work: _____ Cell: _____
Emergency: _____ Email _____

(Check appropriate boxes to the following)

Child's Age

____ Child (K-3) Age ____ Birth date _____

____ Child (K-4) Age ____ Birth date _____

Times and days needed

____ Monday thru Friday Times _____

____ Extended Care Days needed _____ Times _____

Where did you hear about DJ'S?

____ Pinecrest Academy ____ Friend ____ DJ'S Preschool ____ Other (explain) _____

My child is enrolled in the above program and the BI-WEEKLY rate for my child will be \$

I understand with registering my child with DJ's Preschool does not guarantee my child a spot for Pinecrest Academy-Horizon. _____ (Please Initial)

ALL MONIES ARE NON-REFUNDABLE _____ (Please Initial)

I have read the financial agreement and understand my responsibility and agree to abide by it. I understand there are no refunds and will abide by my selections above for care needed with the times and dates. If I neglect in any way, I will be responsible for all legal costs incurred.

Parent's signature _____ Date _____

_____ Director _____

CHILDS RECORDS

ENROLLMENT DATE: _____

CHILDS NAME	SEX	BIRTHDATE

ADDRESS	CITY	STATE	ZIP	TELEPHONE

MOTHER'S NAME: _____ OCCUPATION: _____
HOME ADDRESS: _____ PHONE# _____
DRIVERS LICENSE#/STATE/EXP DATE _____
EMPLOYERS NAME/ADDRESS/PHONE#: _____

FATHER'S NAME: _____ OCCUPATION: _____
HOME ADDRESS: _____ PHONE# _____
DRIVERS LICENSE #/STATE/EXP.DATE: _____
EMPLOYERS NAME/ADDRESS/PHONE#: _____

NAME:	OTHERS IN HOUSEHOLD:	AGE:	RELATIONSHIP

ADDITIONAL PERSONS AUTHORIZED TO PICKUP CHILD FROM DJ'S DAYCARE CENTERS IN CASE OF AN EMERGENCY.YOUR CHILD WILL NOT, BE ALLOWED TO LEAVE DJ'S DAYCARE CENTERS WITH ANY OTHER PERSON NOT LISTED BELOW WITHOUT WRITTEN AUTHORIZATION FROM THE PARENT OR GUARDIAN.

NAME:	ADDRESS:	PHONE#	RELATIONSHIP

PHYSICIAN TO CALL IN CASE OF AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	PHONE#

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CHECK APPROPRIATE LINE

____ ANY HOSPITAL ____ OTHER EXPLAIN: _____

WHICH HOSPITAL DO YOU PREFER YOUR CHILD TO BE SENT TO IN CASE OF EMERGENCY?

PAST ILLNESSES:**CHECK THOSE CHILD HAS HAD AND APPROXIMATE DATE.**

CHICKEN POX ___ HAY FEVER ___ WHOOPING COUGH ___ MEASELS ___ ASTHMA ___
 DATE: _____ DATE: _____ DATE: _____ DATE: _____ DATE: _____

DIABETES ___ MUMPS ___ 3 DAY MEASELS(RUEBELA) ___ RHEUMATIC FEVER ___
 DATE: _____ DATE: _____ DATE: _____ DATE: _____

EPILEPSY ___ POLIOMEYELITE ___ OTHER ___
 EXPLAIN: _____

DOES YOUR CHILD/CHILDREN HAVE ANY SPECIAL PROBLEMS/FEARS? _____

ARE THE PROBLEMS SERIOUS ENOUGH TO RESTRICT YOUR CHILDS/CHILDRENS ACTIVITIES? YES ___ NO ___
 EXPLAIN: _____

DESCRIBE, IF ANY, SPECIAL CARE NEEDED: _____

DOES YOUR CHILD/CHILDREN HAVE FREQUENT COLDS? YES ___ NO ___

HOW MANY IN THE LAST YEAR? _____

LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF? _____

IS YOUR CHILD/CHILDREN CURRENTLY PRESCRIBED ANY MEDICATIONS? YES ___ NO ___

IF YES, WHAT MEDICATION AND WHY? _____

WHAT DO YOU PLAN TO DO WHEN YOUR CHILD IS SICK? _____)

IN AN EMERGENCY, DJ'S Preschool HAS MY PERMISSION TO CALL AN AMBULANCE AND HAVE MY
 CHILD/CHILDREN GO TO THE HOSPITAL IF NEED BE AT MY EXPENSE. YES ___ NO ___

 PARENT /GUARDIAN SIGNATURE

IN AN EMERGENCY, DJ'S Preschool HAS MY PERMISSION TO GIVE THE TREATING HOSPITAL OR DOCTOR
 CONSENT TO TREAT MY CHILD/CHILDREN AND TO ADMINISTER MEDICAL AND/OR SURGICAL TREATMENT AND
 CARE TO INSURE THE SAFETY OF MY CHILD AT MY EXPENSE.

YES ___ NO ___

IN AN EMERGENCY, MY CHILD MAY RECEIVE FIRST AID. ___ YES ___ NO

 PARENT/GUARDIAN SIGNATURE

Dear Parents:

This is a chart of the required immunizations that your child must have received before entering our school. It is against the law to have a child attending who has not been fully and properly immunized. Please make sure your child is current on all immunizations, and bring a copy of his/her shot records on or before the first day of attendance. * See note below.

Thank You,

DJ'S

	DTP	POLIO	HIB	MEASLES	MUMPS	RUBELLA	Td
2 months	X	X	X				
4 months	X	X	X				
6 months	X		X				
15 months	X	X	X	X	X	X	
4-6 years	X	X		X	X	X	
14-16 years							X

* Note: Different states may have different requirements. You must be fully updated for Nevada requirements or submit a doctor's note specifying type and why shots were not given. It must be on medical letterhead with doctor's name and phone number. As per Health Dept.

DJ's Preschool Financial Agreement

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1. Tuition is paid on the **FIRST OF EVERY** month in advance. This fee that is agreed upon between you and DJ's Preschool. Your payment must reflect the days and times your child/children are registered for. **NOT THE ACTUAL DAYS ATTENDED.** If the tuition has not been paid before the beginning of the month, there will be a late payment fee of \$50.00 for that tuition period. If your payment is not received by the following day, your child/children will not be accepted into the Preschool until your account is satisfied. There is also a \$35.00 returned check fee for all checks returned and only cash will be accepted to satisfy the returned checks.

Tuition will Not be refunded for any reason should you decide to withdraw your child/children at any time.

For your convenience in paying for your tuition, we now accept Visa and Master Card. At time of enrollment, we must have a valid credit card or debit card number and permission to use it if all monies owed are not paid. By signing this agreement, you are giving DJ's Preschool permission to use your credit card or debit card for non-payment of all monies owed.

Master card / Visa _____ exp. Date _____ CVC Code: _____

2. There are no refunds for days missed due to illness or scheduled holidays. Your space has been reserved for your child/children and staff has been hired accordingly to accommodate DJ's. Days.
3. Picking up your child/children after 5:00 pm sharp will incur a late charge of \$1.00 per minute. Repeat abuse of our 5:00 pm pick up time may be cause for suspension or dismissal.
4. A Month notification in writing is required when withdrawing your child/children from DJ's Preschool. Tuition is due as long as your child/children are registered, whether or not they are in attendance. Initial _____
5. I understand with registering my child with DJ's Preschool does not guarantee my child a spot for Pinecrest Academy-Horizon. _____ (Please Initial)

ALL MONIES ARE NON-REFUNDABLE

Print name of parent or legal guardian

Date

Signature of parent or legal guardian

Date

MEDICAL AUTHORIZATION FORM

IN THE EVENT OF AN ACCIDENT OR ILLNESS TO MY CHILD/CHILDREN, I HEREBY GIVE DJ'S PRESCHOOL MY PERMISSION TO SECURE ANY NECESSARY MEDICAL ATTENTION AND/OR TREATMENT:

FROM: DR. _____

OR TREATMENT FROM:

HOSPITAL/CLINIC _____

PARENT OR GUARDIAN SIGNATURE

Permission to Release Information

(Required by State Child Care Licensing)

Date: _____

I understand that from time to time my child _____ is in the facility, and the Director may be asked for information regarding my child.

I, _____ hereby give my permission to DJ's Preschool to release information to **Official Personnel Only**, who identify themselves, such as school, health care personnel, welfare, or government officials.

Parent or legal guardian signature

Date

I, _____ do not give permission to release any information on my child/children as set forth in the aforementioned statement. I realize that the bureau of services for childcare has access to my child's/children's records as the licensing agency.

Parent or legal guardian signature

Date

I am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

Parent or legal guardian signature

Date

Photo Release Form

I give permission for my child/children

Name: _____

Name: _____

To have his/her picture taken by DJ's staff.

Parent or legal guardian signature

Date



I do not give my permission for my child/children

Name: _____

Name: _____

To have his/her picture taken by DJ's staff.

Parent or legal guardian signature

Date

I am aware that DJ' facility Uses Air Fresheners throughout the day, and Use pesticides to control pest within the building.

Parent or legal guardian signature

Date

Attention Parents

Throughout the year we have special events here at DJ's that we hold for the children that attend our center, and at these events the staff may want to take pictures of such events. Please make sure you sign this release form so our staff will be aware of and respect your choices.

DJ'S Preschool

**HEALTH STATEMENT
(DUE BACK IN 30 DAYS)**

CHILD'S NAME: _____ BIRTH DATE: _____

PARENTS/GUARDIAN NAME: _____

PARENTS/GUARDIANS ADRESS: _____

STATUS OF ABOVE CHILDS HEALTH: _____

ANY KNOWN CONDITIONS UNDER TREATMENT: _____

CHILD IS CAPABLE OF ATTENDING AND ADJUSTING TO ALL PROGRAMS GIVEN
BY DJ'S PRSCHOOL:

DATE: _____

SIGNED: _____
(M.D. OR R.N.)