

**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

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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

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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.)



# K3

Pencil Box

Crayons (8 basic colors)

Glue Sticks (4)

Folder (2)

Disinfectant Wipes

Paper Towels

Kleenex

Dry Erase Markers



# K4

Pencil Box

Pencils

Pencil Grips (triangular ones preferred)

Crayons (8 basic colors)

Glue Sticks (4)

Child Scissors

Folder (2)

Disinfectant Wipes

Paper Towels

Kleenex

Dry Erase Markers