

Red Sneaker's of Lebanon, LLC Enrollment Contract

Child's name _____ Start Date _____
Please _____ print

Nickname (if used as a form of address) _____

Date of Birth _____ Present Age _____ Sex _____

Home Address _____
Street town zip

Mother _____ Father _____
Address _____ Address _____
Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Employer _____ Employer _____
Address _____ Address _____

Siblings (names and ages) _____

Does your child have any speech or hearing problems, food allergies, frequent sore throats, ear infections or any medical problems of which we should be aware?

Is there any information which would further contribute to a better understanding of your child?

Please explain your child's eating habits and list any foods that your child dislikes.

Physician's Name _____ Telephone # _____

Explanation of Program

Childcare – Full day at Red Sneaker's. Any hours between 7 am and 5:30 pm, two to five days a week. Snacks provided. All morning children participate in the preschool program. Childcare for kindergartners includes before and after school and coverage for school vacations weeks and snow days.

Preschool – Two or three mornings per week. Arrival between 8:30 am and 9 am with a dismissal time of 11:30 am. Snacks provided. No school for scheduled vacation weeks set by Lebanon School System.

The following friends/relatives have my permission to pick up my child at Red Sneaker's when necessary or may be contacted in an emergency if I cannot be reached. I will inform him/her that two forms of identification are required, one being a valid drivers license.

Three different names and different telephone numbers are required by Red Sneakers of Lebanon, LLC and your child cannot be admitted without this information. Please print clearly.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I understand that I am responsible for weekly contracted fees paid in advance and for any late fees incurred due to late pick-up or late payment as explained on page three of the policy booklet.

Childcare fees are paid on a continual basis at the full rate contracted by me as per the rates set on page three of the policy booklet.

Preschool fees are paid on a continual basis at the full rate contracted by me as per the rates set on page three of the policy booklet. School vacations as set by the Lebanon Board of Education apply to our preschool program and payment adjustments will be made for these weeks.

I understand that is my responsibility to read the policy booklet, notices and to check the parents bulletin board for information.

All information given to Red Sneaker's will be kept up to date and my child will be seen for an annual health checkup by his or her physician. A copy of this will be given to Red Sneakers.

Parent Signature

Date

Program

Childcare

Preschool

Kindergarten

Starting Date

Authorization

for Emergency Care

Child's full name _____

I hereby authorize emergency medical care, according to emergency services, Windham Memorial Hospital or the attending physician, while my child is in attendance at Red Sneakers of Lebanon, LLC if in the judgement of the staff and medical service providers immediate treatment is required due to illness or injury. I understand that I will be notified at the earliest possible time should prior notice prove impossible.

My physician of choice is:

Dr. _____
Please print

Phone _____

My dentist of choice is:

Dr. _____
Please print

Phone _____

My child is allergic to the following medications and anesthetics:

Please print

I understand that I am responsible for any expense for medical care or transportation incurred on my child's behalf.

The Connecticut State Dept. of Health require that all children with a fever, diarrhea or vomiting be kept out of school for the duration for 24 hours after and that the Red Sneakers staff be notified of these illnesses and any other communicable disease as soon as possible. And, that no child be sent to school following the first dose of a course of any medication. I will notify Red Sneakers on any day that my child has been given medication and inform them of expected reactions prior to coming to school.

Parent Signature

Date

Walking and Field Trip Permission Authorization

My child has permission to go on local walks with the Red Sneakers staff. Bus trip permission will be signed by me or my representative on the day of the trip.

Parent Signature