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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Beach Friends Sensory Club Registration Check List

1) Emergency Procedure Acknowledgment/Sick Policy/No medication/Release number\_\_\_\_

2) Diaper Prep Consent/Photo Consent/Food consent \_\_\_\_\_

3) Schedule/Payment Agreement/Signatures of received documents\_\_\_\_

4) COVID-19 policies\_\_\_\_\_

5) COVID waiver\_\_\_\_\_

6) Blue card\_\_\_\_\_

7) Child in Care Medical statement\_\_\_\_

8) Registration fee\_\_\_\_\_

9) Security Deposit\_\_\_\_\_

Start Date\_\_\_\_\_

Birthday\_\_\_\_\_

End Date\_\_\_\_\_

Medical due\_\_\_\_\_

Medical Due\_\_\_\_\_

Medical Due\_\_\_\_\_

Medical Due\_\_\_\_\_

Notes:\_\_\_\_\_

Beach Friends Sensory Club

**Emergency Procedures Acknowledgement**

I understand Beach Friends Sensory Club will take appropriate measures when dealing with injuries that occur while in school. I agree that I will not hold Beach Friends Sensory Club responsible or any staff responsible in case of accidental injuries that occur during play activities in which children might engage in. If Beach Friends Sensory Club cannot contact parents and/or emergency persons listed on the Emergency and Release Persons Form, I hereby give permission to Beach Friends Sensory Club to secure the proper treatment for the child in a hospital given licensed and trained staff as needed. *\*If a child becomes injured, parents will be*

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notified immediately. An accident report will be written up and signed by staff. \*

\_\_\_\_\_ (Parent's Signature)

\_\_\_\_\_ (Date)

**Sick Policy**

Beach Friends Sensory club will only allow well children in their program. Well children are non-sick children who have no symptoms of any minor childhood illness and that do not represent a risk to other children. If a child becomes sick, a doctor note is needed to return to Beach Friends Sensory Club.

\_\_\_\_\_ (Parent's Signature)

\_\_\_\_\_ (Date)

**No Medication Policy**

Absolutely no medications can be administered the staff at Beach Friends Sensory Club. I understand that I will be notified shall my child become ill during the day and I will pick up my child promptly or decide for an authorized emergency contact/release person to pick up my child upon such notification. If my child is exposed to or contacts a contagious disease, I agree to notify Beach Friends Sensory Club, and I understand that my child will be readmitted once cleared by a doctor with a doctor's note.

**Release of Phone Number/E-Mail Address**

Please consent to have your phone number and/or e-mail address released amongst families for possible play dates, birthday parties, etc.

\_\_\_ I consent

\_\_\_ I do not consent

phone number \_\_\_\_\_

e-mail address \_\_\_\_\_

\_\_\_\_\_ (Parent's signature)

\_\_\_\_\_ (Date)

**Beach Friends Sensory Club**

**Diaper Change Consent/External Preparations Consent**

I hereby grant the permission that Beach Friends Sensory Club provider and staff

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can provide care by cleaning and changing my child as needed.

X \_\_\_\_\_ (Parent's signature)

X \_\_\_\_\_ (Date)

I hereby give Beach Friends Sensory Club the permission to apply one or more of the following external preparations in accordance with the directions for use on the container; Baby wipes, Bandages, Neosporin, Hydrocortisone, Bacitracin or similar first Aid Sprays, Non-Prescription Ointments such as A and D and sunscreens.

Absolutely no medications can be administered by Beach Friends Sensory club and its staff. I understand that I will be notified shall my child become ill during the day and I will pick up my child promptly or decide for an authorized emergency contact/release person to pick up my child upon such notification.

If my child is exposed to or contacts a contagious disease, I agree to notify Beach Babies and I understand that my child will be readmitted once cleared by a doctor provided with a doctor's note.

X \_\_\_\_\_ (Parent's signature)

\_\_\_\_\_ (date)

**PHOTO CONSENT**

**I HEREBY CONSENT TO GIVE PERMISSION TO BEACH FRIENDS SENSORY CLUB TO PHOTOGRAPH, FILM OR VIDEOTAPE MY CHILD \_\_\_\_\_.**

**WHILE AT THE school FOR EDUCATIONAL PURPOSES AND COMMUNICATION BETWEEN PARENTS AND STAFF.**

X \_\_\_\_\_ (Parent's Signature)

X \_\_\_\_\_ (date)

**FOOD CONSENT**

**I, consent to allow my child to participate in cooking classes, birthday parties and consume foods outside of packed snacks.**

X \_\_\_\_\_ (Parent's signature) ]

X \_\_\_\_\_ (date)

**BEACH FRIENDS SENSORY CLUB**

**SCHEDULE AGREEMENT**

**SECURITY DEPOSIT: \_\_\_\_\_ (2 weeks)**

AMOUNT: \_\_\_\_\_ Paid on: \_\_\_\_\_ VIA: \_\_\_\_\_

REGISTRATION FEE: \_\_\_\_\_ Paid on: \_\_\_\_\_ VIA: \_\_\_\_\_

START DATE: \_\_\_\_\_

It is hereby between \_\_\_\_\_ (Parent's name) and Beach Friends Sensory Club that the following schedule will be available for \_\_\_\_\_ (Child's name) commencing on \_\_\_\_\_ (Date). I agree that I am responsible in the payment of the amount of \$ \_\_\_\_\_ .00 each Monday or \$ \_\_\_\_\_ .00 Monthly.

Monday \_\_\_\_\_ Time: \_\_\_\_\_

Tuesday \_\_\_\_\_ Time: \_\_\_\_\_

Wednesday \_\_\_\_\_ Time: \_\_\_\_\_

Thursday \_\_\_\_\_ Time: \_\_\_\_\_

Friday \_\_\_\_\_ Time: \_\_\_\_\_

X \_\_\_\_\_ (Parent's signature/date)

**PAYMENT AGREEMENT**

I AGREE TO PAY A ONE TIME REGISTRATION, NON-REFUNDABLE FEE OF \$75.00.

I AGREE THAT THE REGISTRATION FEE OF \$75.00 WILL BE PAID IN FULL BEFORE ENROLLMENT. NOTE: THIS IS A ONE TIME FEE ONLY.

I AGREE TO PAY A 2 WEEK SECURITY DEPOSIT (2 WEEKS PAYMENT OF SCHEDULED DAYS) OF \$ \_\_\_\_\_ .\_\_\_\_\_ TO ENROLL MY CHILD. THE SECURITY DEPOSIT WILL BE RETURNED ONCE MY CHILD IS NO LONGER ENROLLED OR USED TOWARDS MY LAST TWO WEEK OF CARE.

I AGREE THAT MONTHLY PAYMENTS ARE DUE THE FIRST OF THE MONTH IN THE AMOUNT OF \_\_\_\_\_.

I AGREE CARE IS GIVEN AND PAID ON A MONTH TO MONTH BASIS. I AGREE I WILL NOT LEAVE IN THE MIDDLE OF THE MONTH AND/OR BEFORE OR AFTER HOLIDAY BREAKS/SCHOOL VACATIONS/PERSONAL VACATIONS AND/OR SICKNESS. I AGREE I WILL BE RESPONSIBLE TO PAY A FULL MONTH.

I AGREE TO PAY THIS AMOUNT IN FULL REGARDLESS OF PERSONAL VACATION TIME, SCHOOL VACATION TIME, OCCASIONAL SICKNESS OR ANY OTHER

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REASON, SUCH AS A NATURAL DISASTER/ACTS OF GOD, STATE LOCK DOWN, PUBLIC HEALTH EMERGENCY OR ANY OTHER UNFORSEEN CIRCUMSTANCES. I UNDERSTAND NO ALLOWANCES, CREDITS, REFUNDS, MAKEUPS SHALL BE MADE FOR OCCASIONAL ABSENCES.

IN THE EVENT WE NEED TO CLOSE DUE TO A LOCAL/STATEWIDE EMERGENCY ISSUED, TUITION WILL BE REDUCED TO ½ YOUR CONTRACTED TUITION RATE TO KEEP YOUR CHILD ENROLLED.

I AGREE A LATE FEE OF \$20.00 WILL BE CHARGED IF PAYMENT IS NOT RECEIVED, FOR EACH DAY UNPAID. I AGREE AND UNDERSTAND THAT IF MY ACCOUNT IS DELIQUENT FOR MORE THAN 2 WEEKS, I MAY BE ASKED TO WITHDRAW MY CHILD UNTIL ACCOUNT IS MADE CURRENT.

I AGREEE THAT MY CHILD'S SPOT MAY OR MAY NOT BE HELD WHEN A CHILD IS WITHDRAWN. I AGREE MY CHILD WILL NOT BE ABLE TO RE-ENROLL IF A 2 WEEK NOTICE WAS NOT GIVEN OR IF MY ACCOUNT IS NOT CURRENT. I AGREE THAT ANY UNPAID FEES MAY BE SENT TO A THIRD-PARTY COLLECTION AGENCY. I AGREE MY SECURITY DEPOSIT WILL BE HELD IF TERMS ARE NOT FOLLOWED. I AGREE TO PAY A \$35.00 SERVICE FEE FOR ALL CHECKS RETURNED BY THE BANK.

I AGREE THAT IF I PICK UP MY CHILD AFTER SCHEDULED CLOSING, I WILL BE CHARGED A LATE FEE OF \$1.00 PER MINUTE THAT I AM LATE, UNTIL MY CHILD IS PICKED UP.

I UNDERSTAND THAT IF MY CHILD ATTENDS FULL TIME, A TEN PERCENT DISCOUNT IS OFFERED FOR EACH ADDITIONAL CHILD FROM THE IMMEDIATE FAMILY.

I UNDERSTAND THAT I MUST PROVIDE A 2 WEEK WRITTEN NOTICE OF WITHDRAWAL OR CHANGE OF SCHEDULE/CHANGE OF CONTRACT ALONG WITH 2 WEEKS PAYMENT FOR SCHEDULED DAYS FOR THE TWO WEEKS. I UNDERSTAND, THE DIRECTOR WILL PROVIDE A 2 WEEK DEPARTURE NOTICE AFTER THE TWO WEEKS IF MY CHILD IS WITHDRAWN.

I UNDERSTAND THAT IF MY CHILD IS WITHDRAWN, CHILD WILL ONLY BE

ELIGIBLE FOR READMISSION BASED UPON SPACE AVAILIABILTY. BY SIGNING BELOW, I AGREE TO THESE TERMS.

I, \_\_\_\_\_ understand these terms listed above.

X \_\_\_\_\_ (Parent's Signature)

X \_\_\_\_\_ (date)

I understand by signing the schedule agreement that my admission date is the date my child will be enrolled.

X \_\_\_\_\_ (Parent's Signature)

X \_\_\_\_\_ (date)

**COVID-19 POLICIES**

WE WILL FOLLOW DEPARTMENT OF HEALTH-INTERMIN GUIDANCE FOR CHILD CARE DURING PUBLIC HEALTH EMERGENCY. HERE ARE SOME OF BFSC EXTRA PRECAUTIONS DURING THIS TIME.

1. PARENTS MUST DROP OFF AND PICK UP OUTSIDE OF SCHOOL. NO-ONE IS ALLOWED INSIDE THE SCHOOL AT ANYTIME UNLESS APPROVED BY THE DIRECTOR.
2. CHILDREN AND STAFF MUST WASH HANDS OR USE HAND SANITIZER BEFORE ENTERING DAYCARE.
3. A HEALTH CHECK IS PERFORMED DAILY.
4. PARENTS AND STAFF MUST SIGN A WAIVER THAT INDICATES THEY ARE RESPONSIBLE TO SCREEN AND TEST THEIR CHILD EVERYDAY BEFORE THEY ENTER THE SCHOOL .
5. PARENTS, CHILDREN AND STAFF WILL TRY AND SOCIAL DISTANCE WHEN NEEDED.
6. STAFF MUST WEAR A MASK EVERYDAY. CHILDREN MAY OR MAY NOT WEAR MASKS INSIDE.
7. STAFF MUST MAINTAIN A CLEANING LOG WITH DATES AND TIMES OF DESIGNATED AREAS WHEN SANITIZED.
8. STAFF AND FAMILIES: IF YOU SUSPECT YOU ARE SICK OR WERE TESTED FOR COVID-19, YOU ARE REQUIRED TO SUPPLY A CLEARNACE LETTER TO THE SCHOOL.
9. FREQUENT HAND WASHING IS REQUIRED THROUGHOUT THE DAY.
10. UPDATED MEDICAL STATEMENTS ARE REQUIRED.
11. SCHOOL WILL SANITIZE MOUTHED TOYS AND TOYS WILL BE DISENFECTED.
12. A NEW STAFF SIGN IN AND CHILD SIGN IN SHEET WITH COVID CHECKLIST WILL BE USED.

I, \_\_\_\_\_ AGREE TO THESE TERMS.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



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I, \_\_\_\_\_ agree BFSC will not be held responsible for any COVID-19 illnesses and I \_\_\_\_\_ will bring my child at my own will.

\_\_\_\_\_

**EMERGENCY INFORMATION:**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

---

**Emergency Contact:**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Allergies: \_\_\_\_\_

Receiving services: \_\_\_\_\_

