



Pre-Registration Form

CHILD INFORMATION

Child's full name: _____

Child's DOB: ____/____/____ Child's Gender: Male___ Female ___

Enrollment Date (today's date): ____/____/____

Start Date (first date child will attend class): ____/____/____

Schedule (please write times next to each day your child will be attending): 8am-12pm OR 9am-12pm

Monday: ___ Tuesday: ___ Wednesday: ___ Thursday ___ Friday: ___

PARENT INFORMATION

Parent's full name: _____

Parent's email address: _____@_____.com

Parent's Address: _____

Parent's Phone number: (____) ____-____

Daily Rate: \$ _____

Payment method: Check__ Cash

2 Week Security Deposit Amount: \$ _____

Payment date: ____/____/____

Registration Fee: \$75.00

Total Amount Due: \$ _____

x _____
(admin signature)

I agree to pay my daily rate x the amount of days enrolled for the month regardless of personal vacation time, school vacation time, occasional sickness, start date, or any other reason, such as a natural disaster/acts of god, state lockdown, public health emergency, or any other unforeseen circumstances. I agree that every month has a different number of enrollment days and this will affect my monthly tuition. 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 reason, such as a natural disaster/acts of god, state lockdown, public health emergency, or any other unforeseen circumstances. I understand that my deposit & registration fee are non-refundable for any reason. I understand that my deposit can be used to cover my last 2 weeks of care or will be returned to me if proper notice is given. I agree that the date written above will be my child's start date. I understand that make-up days are not offered.

X _____
(signature)

____/____/____
(today's date)

Policies & Consents

Photo Consent:

I hereby consent to give permission to to Beach Friends Sensory Club to photograph, film, or videotape my child, _____, while at the daycare for educational purposes, communication between parents/staff, and to promote our school.

_____ I consent

_____ I do not consent

X _____ / ____ / ____
(Parent Signature) (today's date)

Food Consent:

I hereby consent to allow my child to participate in cooking class, birthday parties, and to consumer foods outside of packed snacks.

_____ I consent

_____ I do not consent

X _____ / ____ / ____
(Parent Signature) (today's date)

Allergies (Environmental/Food/etc.):

Please list all food allergies and severities, as well as warning signs of reactions and need for emergency care such as epipens, etc.

I have honestly listed all of my child's allergies and will follow up with the Director of Beach Friends Sensory Club if needed to discuss further.

X _____ / ____ / ____
(Parent Signature) (today's date)

Special Services:

My child requires the following therapy/services while at Beach Friends Sensory Club: (Please list all relevant information including provider, frequency/duration of services, etc.)

Speech: _____

OT: _____

PT: _____

ABA: _____

SEIT: _____

Other: _____

I understand that the Beach Friends Sensory Club staff will do their best to accommodate all services needed for the student. I understand if further information is required I will need to meet with the Director to discuss further.

X _____ / ____ / ____
(Parent Signature) (today's date)

Contagious Disease:

If my child is exposed to or contracts 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 and provided with a doctor's note.

X _____ / ____ / ____
(Parent Signature) (today's date)

Sick Policy:

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

X _____ / ____ / ____
(Parent Signature) (today's date)

No Medication Policy:

The staff can administer no medications at Beach Friends Sensory Club, I understand that I will be notified shall my child become ill during the day. 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 contracts 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.

X _____ / ____ / ____
(Parent Signature) (today's date)

Diaper Change Content/External Preparations Consent:

I hereby grant the permission that Beach Friends Sensory Club providers and staff can provide care by cleaning and changing my child as needed.

X _____ / ____ / ____
(Parent Signature) (today's date)

Emergency Procedures Acknowledgment:

I understand that Beach Friends Sensory Club will take appropriate measures when dealing with injuries that occur while in the daycare. I agree that I will not hold Beach Friends Sensory Club responsible or any staff member responsible for accidental injuries that occur during play activities in which children might engage. Suppose Beach Friends cannot contact parents and/or emergency persons listed on the Emergency and Release Persons Form - in the case 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 notified immediately. An incident report will be written up and signed by staff.

X _____ / ____ / ____
(Parent Signature) (today's date)

Release of Phone Number/E-Mail Address:

I hereby consent to have my phone number and/or email-address released amongst families for possible play dates, birthday parties, etc. in the form of a class list.

_____ I consent

_____ I do not consent

Phone Number: _____

Email Address: _____

X _____ / ____ / ____
(Parent Signature) (today's date)

Infant Feeding Consent:

Initial if Non-Applicable: _____

6 Weeks - 18 Months

- All bottles, cups, and utensils must be labeled with the child's full name. Powdered formula, ready to feed milk, juice, and breast milk must be pre-measured and labeled with the child's first and last name and expiration date.
- Children 6 months of age and under must be held during all bottle feedings.
- Microwave heating of infant food and formula is prohibited by regulation.
- The provider will make every effort to accommodate the needs of a child who is breastfed.

Infant's Name: _____

Date of Birth: ____/____/____

_____ I will provide all formula, solid food, water, and juice for my child.

Check all that apply:

_____ Breast Milk

_____ Formula (Brand: _____)

_____ Solid Foods

List of any food allergies: _____

Please initial:

_____ I give the provider permission to add warm sterilized water to powdered formula.

_____ I give the provider permission to warm milk in a bottle warmer.

_____ I give the provider permission to warm solid food.

Please feed my infant according to the following schedule:

X _____
(Parent Signature)

_____/_____/_____
(today's date)

X _____
(Provider Signature)

_____/_____/_____
(today's date)

Beach Family Schools:

Operational Calendar 2022-2023

SEPTEMBER-JUNE

September 6th: First Day of School (School Open)
September 26th-27th: Rosh Hashanah (School Closed)
October 5th: Yom Kippur (School Closed)
October 10th: Columbus Day (School Closed)
October 17th: Picture day (TBD) (School Open)
November 11th: Veterans Day (School Closed)
November 24th-25th: Thanksgiving Recess (School Closed)
December 12th: Report Cards Distributed (School Open)
December 25th-31st: Holiday Break (School Closed)
January 2nd: New Years Day Holiday (School Closed)
January 16th: Martin Luther King Jr Day (School Closed)
February 20th- 24th: Winter Recess (School Closed)
April 6th-14th: Spring Recess (School Closed)
May 15th: Report Cards Distributed (School Open)
May 22nd: Picture Day (TBD) (School Open)
May 29th: Memorial Day (School Closed)
June 19th: Juneteenth (School Closed)
June 23rd: Last Day of School (School Open)

SUMMER PROGRAM

June 26th- July 6th: Independence Day/ Summer Break (School Closed)
August 28th - September 4th: Summer Break (School Closed)