



**Fit-N-Learn Educational Preschool Agreement – September 10- June 14
School Year 2012-2013**

Child's Full Name: _____ Name we should use: _____
Sex: _____ Present Age: _____ Date of Birth: _____
Address: _____ Home Phone: _____
(Circle one) M/W/F AM T/Th AM

Family Information

Mother's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Work Address: _____

Father's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Work Address: _____

Siblings:

Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____
Name: _____ Age: _____ Name: _____ Age: _____

Name of person(s) who can be called to come for your child in case of illness or other emergency if parents can't be reached:

Name: _____ Relationship: _____
Phone: _____

Name: _____ Relationship: _____
Phone: _____

Authorization for Pick Up

We will not release your child to anyone without the parents' authorization. If the PARENT is going to be late due to weather or traffic problems, the PARENT must call us and advise us they are going to be late. Parents should also call a designated representative to pick up the child and let us know who that would be.

The individuals other than parents named here have my/our authorization to pick up our child.

- 1. _____ Phone #: _____
- 2. _____ Phone #: _____
- 3. _____ Phone #: _____
- 4. _____ Phone #: _____

Emergency Medical Authorization Consent For Treatment Form

In the event that your child is hurt or injured, emergency procedures will be followed.

I agree, and by my signature give consent, that in case of an injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted as soon as possible. Should I be away from the phone numbers given with this application, I understand the teachers will contact the emergency numbers. I will be financially responsible for the emergency medical charges upon receipt of statement and all medical care for my child.

This is to certify that I hereby constitute and appoint Armetta's Grand Jete, my true and lawful attorney for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary.

Child's Physician: _____ Child's Dentist: _____
Physician's Address: _____ Phone #: _____
Dentist's Address: _____ Phone #: _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Tuition Policy/Payment

IMPORTANT: The State of Pennsylvania suggests certain teacher to children ratios at all times. We must have teachers on duty even though your child may be absent for a day due to illness or personal reasons. Therefore, we cannot give credit for days that your child is absent.

A credit or debit card on file is required to register for classes. **All tuition is the first of each month** and can be paid by cash (must be made before the 1st of the month), debit, or credit card. All refunds will be subject to a \$25.00 fee and all returned checks will carry a fee of \$35.00.

Handbook

I/we hereby verify that we have received a Parent Handbook and have carefully read and understand all of the policies for Fit-N-Lear especially concerning late pick-up.

Toilet Trained

I understand the policy that states that every child must be potty-trained and I verify my son/daughter is toilet trained and does not wear diapers.

Signature: _____ Date: _____

Signature: _____ Date: _____

Armetta's Grand Jeté Fit-N-Lear Educational Preschool
Getting Acquainted with Your Child

Date: _____
Child's Name: _____ Nickname: _____
Favorite play materials: _____
Special interests: _____
Pets and names: _____
Any unusual or serious behavior problems: _____
Has child attended any other preschool: ___ Where? _____
Do you read to your child regularly? _____ How often? _____
What type of discipline do you use at home? (Please describe): _____

In general, what do you expect for your child to learn from us? _____

TOILETING

Does your child eliminate by him/herself? _____ Does he/she tell an adult? _____
Does your child need to be reminded? _____ At what time intervals? _____
Does your child need help with clothing? _____
Does your child have certain words to indicate a need to eliminate? _____

FEARS

Does your child have any fears? _____ Storms? _____
Bathroom? _____ Animals? _____ Being alone? _____
Other? _____

HEALTH

Does your child take medication regularly? _____ What type? _____
Reason for taking the medication: _____
Does your child have allergies? _____ What type? _____
Has your child ever been to the dentist? _____
Give a statement about your child's overall health: _____

DRESSING

Does your child need help with any of the following: Shoes _____ Socks _____ Boots _____
Coat _____ Mittens _____ Pants _____ Shirt/Dress _____

SOCIAL SKILLS

Does your child have kids to play with at home? _____
How does your child react to new situations? _____
Is your child shy or outgoing with strangers? _____
Any information we should know in order to help us know your child better? _____

