

As a PEAKE Academy parent, I have reviewed the PA Parent Handbook.
By signing and returning this form, I agree to:

- ★ Enroll/pay for tuition for my child/ren for the annual school year dates of Sept TBD thru June TBD.*
- ★ Understand that the tuition is based on the costs associated with educating and caring for my student/s for the entire school year. I understand that these costs remain the same whether my child is there or not.
- ★ Understand that **tuition will not be pro-rated** and **there are no refunds** for non-attendance.
- ★ Comply with and support all PA policies, procedures and financial commitments.
- ★ Be financially responsible, keep my account current and pay late charges if it is not current.
- ★ Give a 45 day written notice when terminating enrollment or decreasing planned attendance.
- ★ Pick up my child no later than our scheduled departure time or pay **EXTENDED DAY FEES** when I do not.
- ★ Check my child in with the designated Teacher/s at the scheduled class start time.
- ★ Adhere to the school's ill child policy and the **24 hour "symptom-free" rule**.
- ★ Pick my child up promptly in case of an injury or illness while at the school.
- ★ Follow medication dispensing regulations and complete all necessary forms.
- ★ Keep my child's immunizations current, complete any updates to the form and return to the PA office.
- ★ Attend all parent conferences and/or meetings requested by the Teacher.
- ★ Read all information provided/shared with PA parents and Parent Information Boards to stay informed.
- ★ Allowing PA to take and use photos of my child/ren in classroom and school marketing materials.
- ★ Allowing PA to include our family contact information in the SCHOOL FAMILY DIRECTORY.
- ★ Cooperate with teachers and follow up on medical, dental or developmental referrals/needs of my child.
- ★ Keep all telephone numbers, emergency information and other enrollment information current.
- ★ Be willing to learn and grow as a parent and increase my knowledge of child development.
- ★ Provide the school with requested items necessary for my child's well being.
- ★ Discuss my concerns and keep open communication lines with my child's teacher and the school seeking to avoid problems and misunderstandings.
- ★ Respect all PA Teachers and team members.

I have viewed the school's Annual License and am aware of the license related postings.

I understand that failure to abide by PA policies and procedures may result in my child's enrollment termination. Disregard of school policies can include: ignoring state licensing rules and regulations; not keeping your account current; aggressive, loud and argumentative interactions with a school employee; sexual harassment; hostile phone calls, voice mails, texts, or email communications.

Above all, PA reserves the right to maintain a harmonious and safe environment for the children. Our goal is to bring about collaboration between the home and school in ways that enhance your child's development.

Parent: _____ Child/ren: _____

Signature: _____

Date: _____



EMERGENCY

Information

LAST NAME: _____

Child's Name: _____ Allergies: _____ Birthday: _____
Child's Name: _____ Allergies: _____ Birthday: _____
Child's Name: _____ Allergies: _____ Birthday: _____

Primary Emergency Contact:

Mother's Full Name: _____ Email: _____
Phone: Home _____ Cell _____ Work _____ ext. _____
Address: _____ City: _____ Zip: _____
Father's Full Name: _____ Email: _____
Phone: Home _____ Cell _____ Work _____ ext. _____
Address: _____ City: _____ Zip: _____

Secondary Emergency Contact & Individuals Authorized to Pick Up Child/ren: *(with proper photo identification only)*

Name: _____ Relationship to Child: _____
Phone: Home _____ Cell _____ Work _____ ext. _____

Other Individuals Authorized to Pick Up Child/ren: *(with proper photo identification only)*

Name: _____ Relationship to Child: _____
Phone: Home _____ Cell _____ Work _____ ext. _____

Name: _____ Relationship to Child: _____
Phone: Home _____ Cell _____ Work _____ ext. _____

Name: _____ Relationship to Child: _____
Phone: Home _____ Cell _____ Work _____ ext. _____

Emergency Release

I hereby give my permission that my child/ren, may be given emergency treatment by PEAKE Academy | PLAY Boutique. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency. PEAKE Academy | PLAY Boutique will not be responsible for paying for my child's health care.

1. Child/ren's Physician: _____ Phone: _____
2. Preferred Hospital: _____ Or, we will transport to the closest hospital
3. Insurance Co.: _____ Policy: _____
4. Regular Medications: _____
5. Medicine Allergies: _____
6. Any special health conditions: _____

I understand that this is a legally binding document, and have read it and understand it.

Parent/Guardian Signature: _____ Date _____



GETTING TO KNOW YOUR CHILD

The information provided here is requested so we can get to know your child and help the adjustment period go a little smoother. All information provided will be kept confidential.

DATE: _____

Child's Name: _____

Birthday: _____

Your Child Socially

How well does your child get along with other children? _____

Are there any "family" rules I should be aware of? _____

Any special concerns or comments? _____

Your Child Emotionally

Please circle all the words that best describe your child: calm, shy, excitable, happy, sensitive, cheerful, loud, quiet, easily angered, stubborn, curious, active, destructive, gives in easily, temper tantrums, jealous, shares well, hyperactive, bright, slow learner, busy, contented, other: _____

What makes your child mad or upset: _____

What do you find is the best way of handling your child: _____

How does your child express ANGER or frustration? _____

Does your child have any special FEARS? _____

When your child is upset, what helps to COMFORT him/her? _____

How do you DISCIPLINE your child? _____

Your Child Cognitively

Child's favorite games, activities, etc.: _____

Any disorders/developmental (slow, advanced) diagnosed or suspected? _____

Your Child Physically

Does your child have food or eating issues: _____

Any other concerns? _____

Your Family

Special family situations? (such as custody specifications, problems arising from situations etc.) _____

Anticipated adjustment problems? _____

Your History

Previous preschool child has attended: _____

Any problems at previous preschools? _____

Your Expectations

What do you expect from our program: _____

Anything else you feel we should know: _____

