

Over the Rainbow Enrollment Form

Enrollment Date:

Start Date:

CHILD'S INFORMATION

Child's Name:					
Home Address:			Birth date:	Age	Gender
City:	State:	Zip:	/ /		<input type="checkbox"/> M <input type="checkbox"/> F

PARENT/GUARDIAN INFORMATION (in case of emergency, contact first)

Parent/Guardian's Name:			Primary Language:		
			Second Language at Home:		
Relation to Child:			Home Phone:		
Home Address:			Cell Phone:		
City:	State:	Zip:	Email:		
Employer:			Work Phone:		
Address:			Work Hours:		

OTHER PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name:			Primary Language:		
			Second Language at Home:		
Relation to Child:			Home Phone:		
Home Address:			Cell Phone:		
City:	State:	Zip:	Email:		
Employer:			Work Phone:		
Address:			Work Hours:		

SERVICE AGREEMENT

I wish to enroll my child(ren) at Over the Rainbow

TUITION

Programs	Days Per Week	Hours Attending	Tuition
Infant (6 weeks – 1 years old)	Circle Days: M Tu W Th F		
Waddler (1-2 years old)	Circle Days: M Tu W Th F		
Toddler (2-3 years old)	Circle Days: M Tu W Th F		
Preschool (3-4 years old)	Circle Days: M Tu W Th F		
Pre-k (4-5 years old)	Circle Days: M Tu W Th F		
School Age	Circle Days: M TU W Th F		

I AGREE TO THE CONDITIONS AS STATED ABOVE

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	

**ENROLLMENT FORM
EMERGENCY CONTACTS & PICK UP AUTHORIZATION FORM**

EMERGENCY CONTACTS

Please list, in order to be contacted, individuals to be contacted in an emergency/non-emergency, if you cannot be reached. Please note that persons listed as "Emergency Contacts" are automatically authorized to pick up your child from the program.

We require at least 3 emergency contacts listed for your child.

Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:
Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:
Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:

ADDITIONAL EMERGENCY PICK-UPS

Please list below additional individuals who are authorized to pick up your child from the program. (Optional)

Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:
Name:	Home Phone:
Relation to Child:	Work Phone:
Address:	Cell#:

Please note any special instructions regarding individuals listed:

* Parents and legal guardians listed on enrollment forms are automatically authorized to pick up your child unless the program is given a copy of a current court ordered custody agreement or restraining order. All individuals authorized to pick up your child from the program must be at least 16 years of age. A license or other positive proof of identification must be shown at pick up. If you wish to change, add, or delete any of these authorizations, you must do so in writing.

PARENT AGREEMENT

Initial	Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but to contact the police. This is for the child's safety.
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I HAVE READ, UNDERSTAND, AND AGREE TO THE CONDITIONS AS STATED ABOVE

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	

**ENROLLMENT FORM
MEDICAL INFORMATION & AUTHORIZATION FORM**

INSURANCE INFORMATION

Child's Name:	Date of Birth:
Medical Insurance Company:	Policy #:
Other Coverage (Including Dental):	
Child's Physician:	Phone #:
Address:	
Child's Dentist	Phone #:
Address:	

MEDICAL HISTORY

Please write "NONE" if there are none.

Allergies	Reactions	Treatments

Special Disabilities/Needs/Chronic Health Conditions:

Current Medications:

Emergency Medical/Dietary Information/Religious Restrictions:

Behavioral Issues:

Other Health Concerns:

MEDICAL TREATMENT CONSENT

I hereby authorize the staff of Over the Rainbow to give First Aid and CPR to my child as needed. I understand that the staff is trained in the basics of First Aid and CPR. In the event of an emergency, I hereby authorize the program staff to have my child transported to the nearest medical facility or to _____ and secure necessary medical treatment including, but not limited to: hospitalization, injections, anesthesia and/or surgery. In the event that I cannot be reached, I hereby give permission to the physicians attending to my child to secure and administer treatment as necessary. I understand that the staff will make every effort to notify me of the emergency immediately. Any expenses incurred will be the responsibility of the parent/guardian.

Initial	I certify that a licensed physician has examined my child in the last 12 months and I have provided the proper documentation, clearly stating the date of physical & immunization records.
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I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS AS STATED ABOVE

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	

**ENROLLMENT FORM
AUTHORIZATION & CONSENT FORM**

PROMOTIONAL RELEASE

I hereby grant consent and authorize the use of photographs, slides, videotape, and film of my child participating in Over the Rainbow activities for commercial and art purposes in any medium of advertising, communication, publication, or publicity that will promote the programs and services, and/or recognition of participants.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

CLOSED CIRCUIT CAMERA SYSTEM

I (we) are aware of the presence of the CCTV system. The purpose of this system is for security and for control in the classrooms to protect our children and staff.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

SOCIAL MEDIA AUTHORIZATION

I hereby grant consent and authorize the use of photographs, slides, videotape, and film of my child participating in Over the Rainbow activities to be posted to our Facebook page.

Please like us on Facebook and Instagram to see pictures, upcoming events, and happenings at Over the Rainbow.

(www.facebook.com/overtherainbow310)

I give Over the Rainbow permission to post photos/videos of my child on the OTR social media pages

I do not give Over the Rainbow permission to post photos/videos of my child on the OTR social media pages

Parent/Guardian Printed Name:

Parent/Guardian Signature:

SUPPORT STAFF CONSENT

Over the Rainbow Programs have support staff such as dental consultant, social services consultant, education consultant and nurse consultant. I give permission for these consultants to interact with children when deemed necessary by the program. These consultants are mandated by the Office of Early Childhood and available to parents and staff within the program.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

PARENT AGREEMENT

Initial	I understand the Over the Rainbow staff are not allowed to baby-sit or transport children at any time outside of the program.
Initial	I understand that Over the Rainbow is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
Initial	Over the Rainbow staff has specifically discussed the behavior management techniques that are used in the program.

I HAVE READ THE PARENT HANDBOOK AND CONFIRM THAT ALL INFORMATION GIVEN IS CORRECT. I UNDERSTAND THAT OVER THE RAINBOW SHALL NOT BE HELD RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION GIVEN AT THE TIME OF ENROLLMENT.

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date:



Behavior Management

It is our intention that each child enjoys the planned classroom activities by understanding that they are responsible for their actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline that we are here to help them, and to know that we want them to succeed. As in any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. This center does not allow the use of corporal or physical punishment by its caregivers. Some behavior techniques used by the Center are praise and reinforcement, redirections, non-participation in activities and time-out. The following behavior policies apply directly to each child and will be used in determining the eligibility to continue as a participant in our program. A child may lose privileges for certain activities, be suspended from the program, or be terminated from the program for:

1. Repeatedly being rude and discourteous to staff and peers
2. Engaging in fighting as their only means of solving an issue
3. Refusing to follow basic rules of safety
4. Defacing the school's or other children's property
5. Excessive biting, and parents are not willing to work on a solution

In the event that a child has proven they are unwilling to respond to these policy rules, the parent will be contacted immediately. Depending on the severity of the infraction the parent will be expected to:

1. Pick the child up immediately from the center
2. Meet with the Director and/or Teacher for a conference concerning the problem, during which time, suspension or termination from the program may be a consideration
3. The center will work with the parents in securing professional help for the child, if needed. If professional help is needed and is not sought within a 30 day period, the center will have no alternative but to discontinue enrollment for your child immediately.

It is our desire that every child enjoys their daycare/preschool experience. It is for this reason we have initiated policies we feel are fair, easily compiled with by any child and of benefit everyone.

I understand the Behavior Management procedure and have discussed it with the Director of Over the Rainbow.

Parent Signature: _____ Date: _____



EMERGENCY INFO FOR _____
(FACILITY NAME)

_____ PLACE "X" HERE IF THIS IS A STAFF PERSON

PERSONAL INFORMATION SHEET

THIS INFORMATION IS CONFIDENTIAL AND SHALL ONLY BE RELEASED
TO PROPER AUTHORITIES IN AN EMERGENCY.

CHILD'S NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____

DATE OF BIRTHDAY: _____

MOTHER'S NAME AND CONTACT #: _____

FATHER'S NAME AND CONTACT #: _____

EMERGENCY CONTACT NAME AND NUMBER: _____

SPECIAL INSTRUCTIONS, MEDICATIONS, ETC.:
