

## Busy Hands Preschool and Daycare Program Information and Fees

To enroll your child and secure a spot:

Please pick up the registration packet in Betsy Clements' room, elementary office, or call 319-726-3634 ext: 200. Return the completed forms along with the processing fee to the elementary office, or Betsy Clements' room.

### Programs:

- 4 year old Preschool
  - Monday-Thursday 8:25am-3:25pm
  - Free
  - Parents are responsible for lunch fees
  - \$70 processing fee
- 3 year old Preschool
  - Half day Monday-Thursday
  - AM and PM options available (8:30-11:30/12:30-3:30)
  - \$120 per month
  - \$35 processing fee
  - Outside scholarships are available based on financial need

*\*\*\*The processing fee is due at the time of returning the enrollment packet to school. This ensures a spot will be saved for your child for the upcoming year.*

- Before/After School Care
  - Available preschool through 6<sup>th</sup> grade
  - The before school opens at 7:00am and the after school program runs until 5:30pm
  - Billing is done once a month. The amount owed is determined by the number of times they attend.

**To qualify for 3 year old preschool, your child MUST be 3 by September 15<sup>th</sup>.**  
**To qualify for 4 year old preschool, your child MUST be 4 by September 15<sup>th</sup>.**

By the first day of school, you need to have the following paperwork completed and turned in to Betsy Clements

- Certificate of Immunization
- Physical Exam form
- Copy of birth certificate

**An informational packet will be sent out in May providing additional details about our program, supply list, important dates, etc.**

## Busy Hands Preschool/Daycare Enrollment Agreement

1. I understand that I am enrolling my child \_\_\_\_\_  
for the 2018/2019 school year. She/he will attend:

Please check the preferred program for your child

- 4 year old preschool (Monday-Thursday 8:25am-3:25pm)
- 3 year old preschool AM (Monday-Thursday 8:30am-11:30am)
- 3 year old preschool PM (Monday-Thursday 12:30pm-3:30pm)
- before and after school child care (Preschool through 6<sup>th</sup> grade)

2. I understand that I am responsible for payment (if applicable) of monthly contracted fees that are due the first day of the month. I will give 14 days notice in writing prior to withdrawal from the program during which time I will be responsible for payment of fees.

3. I understand that in the event of any absences during program hours, or activities, I will be responsible for fees for time reserved, not actual time spent at the center.

4. I understand that if my child requires care in addition to the contracted time, an additional fee will be added to the following week or month's billing.

5. I will update my child's information files as outlined in the Parent Handbook.

6. I understand the preschool program follows the Louisa-Muscatine Elementary School calendar and is closed during holidays and weather related school cancellations.

7. The staff will assume full responsibility for my child from the time she/he arrives at the program until my child leaves the program according to the written instructions for departure.

8. If a medical emergency arises, the center staff will first attempt to contact me. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.

I agree to adhere to the stated policies and procedures of Busy Hands at L-M Preschool and Child Care Center as stated here and in the Parent Handbook.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Signature

# Louisa-Muscatine Elementary School Student Information

## Student Information

Name: \_\_\_\_\_ Social Security Number : \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_ Ethnic Race: \_\_\_\_\_

Address:

\_\_\_\_\_  
Street City State Zip

If applicable, please provide a PO Box Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

This child lives with: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Mother's Information:** Custody \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone (if other than student's): \_\_\_\_\_

Mailing Address (if other than student's): \_\_\_\_\_

**Father's Information:** Custody \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone (if other than student's): \_\_\_\_\_

Mailing Address (if other than student's): \_\_\_\_\_

**Emergency Contact #1/ Phone#:** \_\_\_\_\_

**Emergency Contact #2/Phone#:** \_\_\_\_\_

**Emergency Contact #3/Phone#:** \_\_\_\_\_

## Louisa- Muscatine Elementary School Student Information Con't

List any allergies, illness, or handicaps your child may have:

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Has your child's health status changed in the last year, which would require a new health plan?      Yes\_\_\_\_\_      No\_\_\_\_\_

Names and grade of Brother and/or sisters in L-M District and/or Busy Hands Preschool:

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\*\*\*If during the school year the student has any contagious disease, serious illness or accidents, please notify the school.

The Board of Education adopted a policy dealing with administration of medication to students. **UNDER NO CIRCUMSTANCES WILL THE SCHOOL SUPPLY THE MEDICATION. IT MUST BE SENT WITH THE STUDENT.**

A. Prescription medications require during school, which cannot be managed, otherwise shall be administered when the following are on file at school.

1. A parent's signed and dated authorization including name of medication, dosage, administration route, time to be given at school, and reason for receiving.
2. The medication shall be in the original packaging and labeled as dispensed by the prescriber or pharmacist and shall identify the medication, strength, and time interval to be administered. Two labeled containers may be requested: One from home and one for school.

B. Non-prescription medications required during school, which cannot be managed otherwise, are to be sent to school in the original package, with dispensing instructions. A signed permission slip from the parent stating what the medication is, why the students must take it at school, dosage, and time to be administered, is also required.

During the school year, if an emergency should arise at school, your child will be transported to the nearest emergency room.

Parent signature\_\_\_\_\_

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



## Pick- up Permission

Child's Full Name \_\_\_\_\_

I hereby give my permission for my child to leave Busy Hands Preschool/daycare with the following persons named below: (please list anyone who may pick up your child)

Name	Phone (work)	Phone (home)	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These are the persons who are NOT allowed to pick my child:

Name	Relationship to child
_____	_____
_____	_____
_____	_____
_____	_____

Is there a separation, divorce, custody or other problem of which we should be aware of?  
Please Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Activity/ Photo Authorization

Child's Full Name

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### Activity Authorization

\_\_\_\_\_ Understanding that children learn best by experiences, I hereby give my permission for my child to leave the Busy Hands Preschool/L-M Elementary for educational outings.

\_\_\_\_\_ I prefer that my child not leave Busy Hands Preschool.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Authorization

\_\_\_\_\_ I hereby give permission for my child to be photographed while at Busy Hands Preschool/L-M Elementary for the purpose for educational information or activities. These photos may be used in school and community publications (including school/ class website).

\_\_\_\_\_ I prefer that my child not be photographed at all.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Card

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*(First, Middle, Last) as appears on birth certificate*

Allergies/daily medications

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E-Mail: \_\_\_\_\_

Home Address and county (please provide PO Box if applicable)

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Mother's name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's name \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Siblings names and ages: \_\_\_\_\_

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Doctor's name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom

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