

Busy Hands Preschool and Daycare Program Information and Fees

Spots will be filled on a first come first serve basis. Precedence will be given to children living in our district boundaries until March 15, 2020, and then spots will be filled by children living outside the district.

To enroll your child and secure a spot:

Please pick up the registration packet in Miss Clements' room, elementary office, or call 319-726-3634.

Programs:

- 4 year old preschool
 - Monday-Thursday 8:25 am-3:25 pm
 - Free
 - Parents are responsible for lunch fees
- 3 year old preschool
 - AM: Monday-Thursday 8:25 am-11:25 am
 - PM: Monday-Thursday 12:25 pm-3:25 pm
 - Price: Yearly fee of \$1,215.00 (9 monthly payments of \$135)
- Before and After school Program available at an additional cost for students preschool-6th grade.

Registration Fees:

- 3 year old preschool: \$40
 - *This fee along with the completed registration packet ensures a spot will be saved for your child for the upcoming year.*
 - To qualify for 3 year old preschool, your child MUST be 3 by September 15th.
- 4 year old preschool: no registration fee
 - *The completed registration packet ensures a spot will be saved for your child for the upcoming year*
 - To qualify for 4 year old preschool, your child MUST be 4 by September 15th.

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
- Proof of date of birth

An informational packet will be sent out this summer providing more 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 2020/2021 school year. She/he will attend:

Please check the preferred program for your child

_____ 4 year old preschool (Monday-Thursday 8:25 am-3:25 pm)

_____ 3 year old preschool AM (Monday-Thursday 8:25 am-11:25 am)

_____ 3 year old preschool PM (Monday-Thursday 12:25 pm-3:25 pm)

_____ before and after school child care (Preschool through 6th 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

Name: _____ Social Security Number: _____

Date Of Birth: _____ Gender: M F Grade: _____ Ethnic Race: _____

Address:

Street City State Zip

PO Box Address (if applicable): _____

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:

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:

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.** Prescription medications required 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 prescribed 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.
 - 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.

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

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

Parent/Guardian Signature

Date

Emergency Medical Consent

This form must be presented upon admission for treatment

Child's Full Name _____ **D. O. B.** _____

In the event that my child (listed above) may require medical/ or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to the hospital/doctor listed below to provide care. In the event that my child (listed above) may require dental and/or dental surgery while I am out of the city or unable to be reached, I hereby give my consent for dental or dental surgical care listed below to provide care. I agree to pay all the costs and fees contingent on any emergency medical care and-or treatment for my child as agreed or authorized under this consent. *Note: Every effort will be made to notify parents/ guardians immediately in case of an emergency. This form will be presented upon admission for treatment.*

Parents/Guardians/Custodians with whom the child resides:

Name _____ Relationship to Child _____
Address _____ Home Phone _____
Employer _____ Department _____
Work Phone _____ Work Hours _____

Name _____ Relationship to hild _____
Address _____ Home Phone _____
Employer _____ Department _____
Work Phone _____ Work Hours _____

Persons to Contact in Case of Emergency if Parents are Unavailable, and are authorized to Pick Up Child:

Name _____ Relationship to Child _____
Address _____ Home Phone _____
Employer _____ Department _____
Work Phone _____ Work Hours _____

Name _____ Relationship to Child _____
Address _____ Home Phone _____
Employer _____ Department _____
Work Phone _____ Work Hours _____

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name(s): _____

Medical Information:

Family Doctor: _____ Phone #: _____ Address/ City _____
Family Dentist: _____ Phone #: _____ Address/ City _____

Parental consent will be in effect and continue while the child is enrolled in this facility.

Parent/Guardian 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	Cell Phone	Work Phone	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

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

If yes, please Explain: _____

Parent/Guardian Signature _____ Date _____

Activity/ Photo Authorization

Child's Full Name: _____

Activity Authorization (please check one)

_____ Understanding that children learn best by experiences, I hereby give my permission for my child to leave the Busy Hands Preschool/Louisa-Muscatine Elementary for educational outings.

_____ I prefer that my child not leave Busy Hands Preschool/Louisa-Muscatine Elementary.

Parent's Signature _____ Date _____

Photo Authorization (please check one)

_____ I hereby give permission for my child to be photographed while at Busy Hands Preschool/Louisa-Muscatine 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 _____
(as it appears on their birth certificate)

Allergies/daily medications: _____

E-Mail: _____

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

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Siblings names and ages: _____

Medical Information:

Family Doctor: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

Hospital Preference: _____ Phone #: _____

Medical Insurance: _____yes _____no

If yes, with whom: _____