

**HIGHER GROUND BAPTIST CHURCH Playhouse P.A.L.S.**  
(Preschoolers Achieving Life Skills)

**1625 Lynn Garden Dr.**  
**Kingsport, TN 37665**

***Application for Enrollment***

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

**Child's Full Name:** \_\_\_\_\_ **Male or Female**

Name Called: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent's Names (Father & Mother):** \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Email: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Church Preference: \_\_\_\_\_

**The following person(s) are allowed to pick up my child in the event I am unable to:**

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

**Anyone NOT permitted to pick up my child:**

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

**Emergency Information:**

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Person authorized to act for parent in case of emergency: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

**Emergency Contacts if Parent/Guardian cannot be reached:**

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

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

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

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

**Work Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

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**Physical Information:**

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_

Other children in the home (Names & ages): \_\_\_\_\_  
\_\_\_\_\_

Other adults in the home (Names & Relationships): \_\_\_\_\_  
\_\_\_\_\_

What fears does your child have? \_\_\_\_\_

Has your child had previous group experience?

\_\_\_\_\_ Where? \_\_\_\_\_

Are there any areas where you have special concerns? \_\_\_\_\_  
\_\_\_\_\_

Is there any further information that might be helpful in understanding your child? \_\_\_\_\_  
\_\_\_\_\_

**Please mark the age of your child below as of August 15<sup>th</sup>. Your child must be the age marked below by August 15<sup>th</sup>. This allows your child to be placed in the proper class to help prepare your child for kindergarten.**

\_\_\_\_\_ 1 year old

\_\_\_\_\_ 3 year old \*toilet training required

\_\_\_\_\_ 2 year old

\_\_\_\_\_ 4 year old \*toilet training required

**Example: If your child turns 2 *on* or *before* August 15<sup>th</sup>, they will be placed in the 2 year old classroom, and so on.**

**\*Immunizations:** Required before a child is accepted for group care.

**\*Please provide a copy of your child's current immunization record along with this application.**

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***Tuition Contract & Monthly Fees***

**Tuition:**

**Full-time**

**\$155 per month for 1<sup>st</sup> child**

**\$100 per month for 2<sup>nd</sup> child**

**\$50 per month for 3<sup>rd</sup> child or more**

**Part-time**

**\$35.00 daily for 1<sup>st</sup> child**

**\$20.00 daily for 2<sup>nd</sup> child or more**

**Tuition is due the 1<sup>st</sup> week of each month. \*No refunds in case of absences.**

A registration fee of \$50.00 must accompany this application. Paid \$\_\_\_\_\_ Date \_\_\_\_\_

“Early Bird Special” price of \$35.00 for those registered prior to May 31st. **(Registration fees are non-refundable)**

2-Year Old Classes are required to pay a \$15.00 supply fee in addition to the registration fee.

3-Year Old Classes are required to pay a \$20.00 supply fee in addition to the registration fee.

4-Year Old Classes are required to pay a \$25.00 supply/book fee, in addition to the registration fee.

Paid \$\_\_\_\_\_ Date\_\_\_\_\_.

Book fees are due at time of Registration as well. **(Book fees are non-refundable)**

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For school use only:

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

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***POLICY STATEMENT***

1. Playhouse Pals will be open from 9:00 am to 2:00 pm Tuesday and Thursday. Children cannot be accepted earlier or kept later. In case of extreme emergency, a parent must call the center for child to remain past closing time. A late fee will be imposed for children kept after the center is closed. The late fee is as follows: **\$1.00 per minute after 2:05.**
2. A child may not remain at the center if he is thought to be ill. Please see the Well Child Policy attached. A child should remain at home if he/she had had a temp above 100 degrees within 24 hours.
3. All enrollment forms for the child must be completed by the parent and a current immunization record signed by a health care provider must accompany the child on admission. Each child must receive all immunizations at entry unless there is a medical reason certified by a health care provider why these immunizations should not be made.
4. If a child becomes ill during the day, his parent will be called to come and take him home. Sick children cannot be cared for at the center. Parents will be called if child's temp is above 100. In this event Parents will still be responsible for a full day.
5. If a child must be given medication by the center staff, the director must be informed. Each bottle must be clearly labeled with the child's name. A note must be attached with clear instructions for giving the medication.
6. Parents will be promptly notified of the occurrence of a communicable disease among the center's children.

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7. Parents must fill out an authorization form that gives persons other than the parent permission to pick up children. No children will be released without a proper child restraint seat.
8. (a) Parents will be responsible to provide child's snack with a drink and lunch with a drink. (b) Children should not bring gum, candy, money or toys to the center. (c) Children should eat breakfast **before** they arrive.
9. Each child must have a change of clothing, in a gallon sized Ziploc bag, clearly labeled with his/her name, to be left at the center or kept in their backpack for emergencies.
10. Outdoor play is an important part of our program. Please see that your child is dressed appropriately to play outside, except in extremely bad weather.
11. Parents are to notify center of change in work, home, or cell phone numbers in order to reach you in an emergency.
12. If there is a child-custody conflict involved with your child, it is your responsibility to give specific instructions to the P.A.L.S. Director.
13. Each class will receive a short supply list of items needed for the school year. If for any reason children do not finish the year, supplies are non-refundable.
14. Tuition is as follows: **Full Time:** \$155 per month for 1<sup>st</sup> child: \$100 per month for 2<sup>nd</sup> child. \$50 per month for the 3<sup>rd</sup> child. **Part Time:** \$35 daily fee. **Tuition is due the 1<sup>st</sup> week of each month.** No refunds in case of absences.
15. Playhouse Pals program is not licensed and is not required to be licensed by the state as a child care agency.

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**TERMINATION POLICY**

**Playhouse Pals reserves the right to terminate the care for your child should the following occurs:**

**Non-payment of tuition, any behavior problem that is beyond our control and is compromising the safety and well-being of the others, or any reason we find necessary.**

**GOOD HEALTH POLICY**

***Keep Your Child At Home If He or She Has:***

- A Temperature of **100<sup>0</sup> or higher**. Keep the child home until the temperature has been normal for 24 hours.
- **Severe cold with sneezing and excessive nose drainage or if child has any colored drainage.**
- **Diarrhea** (2 or more loose watery stools in 8 hours). **The child must be free from symptoms at least 24 hours before returning to school.**
- **Vomiting** (more than usual “spitting up”). **The child must be free from symptoms at least 24 hours before returning to school.**
- **Rashes** that have not been diagnosed by a physician.
- **Impetigo**, a skin infection consisting of blisters surrounded by reddened area. When the blisters break, the surface becomes raw, weeps, and oozes. The lesions eventually become crusted and yellowish.
- **Conjunctivitis**, an eye infection commonly referred to as “pink eye.” The eye is generally red with some burning, and there may be a thick yellow drainage. Treatment must be in progress for 24 hours before the child may return.
- **Bronchitis**, which can begin with hoarseness, cough, and a slight elevation in temperature. The cough may be dry and painful, and then becomes loose.
- Any of the usual childhood **contagious diseases**. Some of these are: measles, mumps, rubella (“German Measles”), chicken pox and roseola.
- **Herpes infection** (fever blisters) blisters in the mouth or on the lips, often at the site of broken skin. Infections are usually mild, but can become very painful and make eating difficult for the child.

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- **Strep throat:** If the doctor diagnoses a strep throat infection and places your child on an antibiotic medication, the child should not be brought into the Center until he/she has had medications for at least 24 hours.
- **If a child seems really sick without obvious symptoms, please do not bring him/her to the Center. If your child has a contagious disease not listed above, you must keep the child home.**
- **If your child is being treated with antibiotics, he/she should be on the drug at least 24 hours before coming to the Center.**

By helping us observe good health standards, you will be protecting your child and the other children in the Center.

**I have received a copy of the *Policy Statements*, and I agree to abide by all policies and procedures set forth.**

Name of Child: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_