



Preschool Application Packet

Serving children since 1992

Included in packet:

- 1. Enrollment Information**
- 2. Emergency Record**
- 3. Person(s) Authorized to Pick-up Child / Immunization Schedule**
- 4. Medical Treatment Authorization**
- 5. Health and Illness Policy**
- 6. Preschool Program Information Sheet**
- 7. Preschool Agreement**
- 8. Picture Release Form**

Please return this entire packet, along with the enrollment fee, to reserve your child's placement. Please do NOT remove any pages from this packet.



Director: Lisa Langley – 44 Depot Road, Lebanon, ME 04027
Phone: (207) 457-1838 – Fax: (207) 457-6056 - www.backtobasicschildcare.com

1. ENROLLMENT INFORMATION

Child's Name _____
First Middle Last

Birth Date _____

Address _____
(House Number and Street) (City, State, Zip Code)

Mailing Address (if Different) _____
(House Number and Street) (City, State, Zip Code)

Mother's Name _____ E-mail _____

Mother's Address (if different) _____
(House Number and Street) (City, State, Zip Code)

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's Place of Employment _____
(Company Name) (Work Phone #)

Mother's Work Address _____
(Number and Street) (City, State, Zip Code)

Phone # where child's Mom can be reached while in our care _____

Father's Name _____ E-mail _____

Father's Address (if different) _____
(House Number and Street) (City, State, Zip Code)

Father's Home Phone _____ Father's Cell Phone _____

Father's Place of Employment _____
(Company Name) (Work Phone #)

Father's Work Address _____
(Number and Street) (City, State, Zip Code)

Phone # where child's Dad can be reached while in our care _____

Date Enrolled _____ Date Withdrawn _____



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2. EMERGENCY RECORD

Child's Name _____

Person to be contacted in the event of an emergency when child's parents cannot be reached:

(Name) (House Number and Street) (City, State, Zip Code)

(Home Phone) (Work Phone) (Relationship to Child)

Does your child have any allergies? If yes, please describe. Yes/No

Does your child have any special needs? If yes, please describe. Yes/No

Does your child have any other health conditions? If yes, please describe. Yes/No

Is there any other information of which I should be aware? Yes/No

Child's Physician _____
(Name) (Phone)

(Doctor's Office Name) (Number and Street) (City, State, Zip Code)

Child's Dentist _____
(Name) (Phone)

(Dentist Office Name) (Number and Street) (City, State, Zip Code)



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3. PERSONS AUTHORIZED TO PICK UP MY CHILD

Child's Name _____

Only the people listed below (with photo ID) will be able to pick up your child.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent's Signature _____ Date _____

Back to Basics _____ Date _____

Immunization Schedule for Normal Infants/Children

Please provide us with an updated copy of your child's shot records each time your child receives an immunization.

The Immunization Practices Advisory Committee (ACIP) recommends the following childhood immunization schedule.

2 months	DTP, OPV, HbCV-a, HbCV-b	DTP	Diphtheria, Tetanus, Pertussis
4 months	DTP, OPV, HbCV-a, HbCV-b	OPV	Oral Polio Vaccine
6 months	DTP, HbCV-a	HbCV	Haemophilus b Conjugate Vaccine
12 months	HbCV-b	HbCV-a	HbOC is given at 2, 4, 6, & 15 mos
15 months	DTP, OPV, HbCV-a, MMR	HbCV-b	PRP-OMP is given at 2,4, & 12 mos
4-6 years	DTP, OPV, MMR	MMR	Measles, Mumps, and Rubella
14-16 years	Td (every ten years)	Td	Tetanus and Diphtheria



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4. AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

I (We) _____ and _____
(Name) (Name)

Of _____, _____ do hereby state that I am (we are) the natural
(City) (State)

Parent(s), (legal guardian) having legal custody of _____
(Child's Name)

Born _____ who resides with me (us) at _____
(Date) (Address)

I (We) consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practiced in the state of Maine or New Hampshire when the need for such treatment is immediate, and when the efforts to contact me (us) are unsuccessful.

Consent is valid for five years or until termination.

Dated this _____ day of _____, _____
(Day) (Month) (Year)

(Signature)

(Signature)



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5. HEALTH & ILLNESS POLICY

Emergency Phone Numbers:

Fire / Police / Ambulance: 911
Maine Poison Control Center: 1-800-442-6305

Medication: All prescription medication must be prescribed by a doctor specifically for your child. All medication must be in its original un-expired container. All medication must be accompanied by a written schedule of when and how much medication to give your child. Only designated staff will dispense medication when the “Authorization to Administer Prescription and Non-Prescription Medication” form is completed.

Antibiotics: A child with a contagious condition for which antibiotics have been prescribed may NOT attend if he/she shows signs of illnesses as outlined below. This policy is for the benefit and protection of all children and staff.

Diarrhea: A child with diarrhea must stay (or go) home until the diarrhea has stopped and normal bowel movements have resumed.

Fever: When a child has a fever above 100 degrees orally he / she must stay home until the child has been fever-free for 24 hours. If a fever develops during the day, we will call you and you MUST pick up your child as soon as possible.

Head Lice: A child with head lice must stay home until specific treatment is completed and lice and nits in hair and clothing are absent.

Impetigo and Conjunctivitis: These are very contagious conditions and must be treated with antibiotics before the child may attend. If your child has red, runny eyes or scabby sores, I will notify you. Your child can not attend until he / she has been seen by a doctor and been on medication for AT LEAST 48 hours.

Runny Nose: Generally, a clear discharge is okay, and a thick yellow-greenish discharge is a sign of a more serious infection. This is more dangerous for younger, rather than older children, and we will use our discretion about asking you to keep your child at home.

Strep Throat: A child with strep throat must not attend until he / she has been on antibiotics for 24 hours and is symptom-free and feeling well.



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Vomiting: A vomiting child MUST go home if he / she becomes ill while in our care. He /She cannot return until vomiting has stopped for at least 24 hours.

Shot Records: You need to provide a photocopy of your child’s shot records for our records. As your child has additional shots, we also need our photocopy updated. The state requires that all children enrolled in daycare have current immunizations.

Before returning to Preschool: If you take your child to a doctor because of an illness, please bring a note from the doctor explaining the illness, treatment, and when your child can return. It is very important to follow these policy rules. They reflect a common respect and responsibility to protect the children from illnesses.

Please sign below stating that you have read and understand Back to Basics Health & Illness Policy.

Parent’s Signature:_____ Date:_____

SAMPLE OF: Authorization to Administer Prescription & Non-Prescription Medication

I authorize Back to Basics to administer the following medication (if applicable)

Child’s Name _____

Name of medication _____

Amount to be given _____

Times to be given _____ (parent MUST give first dose)

Duration of date authorization ends _____

Special instructions for administering _____



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6. PRESCHOOL PROGRAM

Hours:

Half Day Preschool: 8:30 am – 11:30 am
12:30 pm – 3:30 pm

Full Day Preschool: 8:30 am – 3:30 pm

Preschool is offered 1, 2, 3, 4, and 5 days a week.

Registration Fee: \$50.00/yearly (Non-Refundable)

The following Preschool supplies are to be provided by the parent. Please write your child's name on his/her supplies. Wal-Mart stocks all supplies.

1. Crayons – Crayola Brand
2. Water Colors – Crayola Brand
3. Markers – Crayola Brand
4. Safety Scissors – Crayola Brand
5. Colored Pencils – Crayola Brand
6. Glue – Elmers School Glue
7. Paint Shirt – Adult T-shirt works great

We look forward to having both your child and you involved in our program. If you ever have any questions, please do not hesitate to ask.



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7. PRESCHOOL AGREEMENT

Hours and Fees:

Registration Fee: \$50.00/yearly (Non-Refundable)

I am contracting with Back to Basics for preschool for

_____, Date of Birth _____
(Child's Name)

Terms of our agreement are as follows:

This contract is valid starting the week of _____

September through June (School Year):

Weekly Rate of _____ for the days and hours of:

Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____

July and August (Summer Program):

Weekly Rate of _____ for the days and hours of:

Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____

Late Fee: I will be charged for the time before and after my contracted hours at a rate of \$7.50/hr. Any children picked up after 3:30 pm will be at the rate of \$1/minute.

Fees are payable in advance. They are due no later than drop off time at the beginning of each week. If payment is not made on the first day of the week, a \$10.00 late fee will be charged to my account. An additional \$10.00 per week will accrue until bill is paid in full.

My weekly rate is based on the hours that I agree and schedule to use for preschool, not on the actual hours my child attends, if less. Payment is due whether or not my child actually attends during those hours.



Back to Basics Vacations:

December 25-29, 2017

February 19-23, 2018

April 16-20, 2018

August 6-10, 2018

Back to Basics observes the following days as PAID holidays (preschool will be closed):

2017

- Sept 4 – Labor Day
- Oct 9 – Columbus Day
- Nov 10 - Veterans Day
- Nov 22-24 – Thanksgiving
- Dec 25 - Christmas

2018

- Jan 1 – New Year’s Day
- Jan 15– Martin Luther King Day
- Feb 19 – President’s Day
- April 16-Patroits Day
- May 28- Memorial Day
- July 4- Independence day

I agree that the rates stated herein are payable in full for the calendar year **EXCLUDING** Back to Basics vacation. **In all other situations, I am obligated to pay as specified in this agreement.**

Damages:

Both Back to Basics and I will make every effort to teach my child to use materials carefully and to avoid damaging property that belongs to others. However, in the case of damage over \$20.00, I agree to cover the cost of replacement and repair.

I Agree To:

1. Pay the stated rates, fees and late fees as specified in this contract.
2. Call, if my child will not be attending preschool.
3. Give TWO weeks notice, if I plan to stop bringing my child to preschool.
4. Provide a change of clothing, appropriate for the weather, to be left in my child’s cubby.
5. Provide disposable diapers and wipes. (If applicable)
6. Provide alternate care in the case of emergency or instances where Back to Basics is unable to care for my child without advance notice.
7. Not bring my child with a contagious illness or fever (See attached health/illness policy)
8. Not bring any of my child’s toys to preschool.
9. Arrive with my child dressed in appropriate clothing for the entire day.
10. Feed my child at home, if I have missed the scheduled mealtime (see #6 under Operating Policies)
11. The information obtained on this application is readily available to the director and teaching staff, child’s parents or legal guardian, and regulatory authorities, on request. The application will be kept in a secure area.



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Operating Policies:

1. Both Back to Basics and I will give each other TWO weeks notice about vacations, termination, reduction of services, or any other changes.
2. A \$20.00 charge will be assessed to my account for any bad check. All future payments will be made in cash.
3. If my child is sick while in Back to Basics care, I will be called and must pick up my child as soon as possible.
4. If I want Back to Basics to give my child medication, I must provide a written note authorizing such. The note must include how much and how often to give the medication. The medication must contain the original prescription, be unexpired, and labeled with my child's name.
5. Only those people listed on the "Authorized to pick up my child list" are allowed to pick up my child.
6. Meals will be served at these approximate times:
Morning Snack @ 9:30, Lunch @ 12:00, Afternoon Snack @ 2:30.

Signature (Mother)

Date

Director
Lisa Langley

Date

Printed Name

Signature (Father)

Date

Printed Name

Child's Name: _____



8. PICTURE, AUDIO, AUDIO VISUAL AND NAME RELEASE

Child's Name: _____

Please read the following releases carefully and check the statement that best portrays your preference. PLEASE CHECK ONLY ONE. Please sign and date at the end of the release.

_____ I hereby give Back To Basics Preschool and its employees permission to take photographs, audio and audio visuals of my child and to mention his/her name in any and all publications and other media including Back To Basics Preschool website, social media (Facebook) & Seesaw and each child's personal scrapbook without limitation or reservation.

_____ I hereby give Back To Basics Preschool and its employees permission to take photographs, audio and audio visuals of my child and to mention his/her name only within the school or classroom setting. I understand that these pictures will NOT be shown outside the child care, but may be viewed by members of the community as they enter the center.

_____ **I do not** give my permission for Back To Basics Preschool or any of its employees to take pictures or take photographs, audio, audio visuals or social media of my child.

Parent Signature: _____

Date: _____

Printed Name of Parent: _____