



**Rainbows of Learning
School Age Child Care Program
At
Frankford Township School**

Child's Name: _____
 Birth date: _____
 Gender: _____
 Grade : _____
 Before care: Mon Tues Wed Thurs Fri
 After care: Mon Tues Wed Thurs Fri
 (please circle days needed)

Parent/Guardian #1
 Name: _____
 Address: _____

 Employer: _____

Contact Information:
 Cell phone #: _____
 Home phone #: _____
 Work phone#: _____
 Email address: _____

Parent/Guardian #2
 Name: _____
 Address: _____

 Employer: _____

Contact Information:
 Cell phone #: _____
 Home phone #: _____
 Work phone#: _____
 Email address: _____

Emergency Contacts (These persons will be authorized to pick your child up at any time and must be able to arrive within one hour in case of emergency. Please provide three contacts)

Name	Relationship	Phone# 1/Phone#2

Who may NOT pick up your child? (please provide supporting documentation)

Name: _____ Name: _____

Allergies: _____

Medications: _____

Please list any special needs: _____

Publicity Permission:

- Permission granted to use photographs/videos of my child in Rainbows of Learning Publicity.
- No photos or videos of my child permitted.

**Rainbows of Learning
Frankford Township School
Monthly Tuition Schedule**

	Before Care	After Care	Both
5 days	\$250	\$325	\$450
4 days	\$190	\$284	\$379
3 days	\$142	\$213	\$284
2 days	\$95	\$142	\$190

School Closings: Students enrolled in the before and/or aftercare program through FTS can bring their children to Rainbows of Learning on days when FTS is closed. There is a fee of \$35.00 for the day.

Early Dismissals: The afterschool program will operate at the time of the early dismissal for scheduled early dismissals.

All registration forms must be returned with payment of the first month's tuition, security deposit, insurance and the registration fees.

Registration is not considered active until payment and completed paperwork is received. Parents intending to have their child attend the program on the first day of school must hand in all registration paper work by August 30th.

Required Documents

- Registration form
- Medical release form
- Parent agreement
- All fees

Please send all paperwork and fees to:
Rainbows of Learning
118 Route 206
Augusta, NJ 07822

Registration Fee Summary

Monthly tuition \$ _____
 Registration fee \$50.00
 Insurance fee \$15.00
 Security deposit \$100.00(separate check)

Total Due at Registration \$ _____

Checks payable to Rainbows of Learning
 Start date: _____

Medical Release Form

Child's Name: _____ Date of Birth: _____

Physician: _____ Phone #: _____

Address: _____

Dentist: _____ Phone #: _____

Hospital: _____

Insurance Carrier: _____ Policy #: _____

Child Information:

List any allergies: _____

Food allergies and/or intolerances: _____

Medications being taken (prescription or over the counter): _____

Reason for Medication: _____

Rainbows of Learning School Age Child Care Program does not dispense medication without written documentation from a physician and the approval of the Director. Please complete the *Permission to Give Medication* Section below.

Parent's Authorization

The health history is correct as far as I know, and the child herein described has vaccination records on file with the Board of Education, is in good health and has permission to engage in all the normal activities of the Rainbows of Learning School Age Child Care Program.

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the medical personnel selected by the director to transport, hospitalize, and secure proper treatment, order x-rays, injection, anesthesia or surgery and to release any records necessary for insurance purposes for my child as named above.

Signature of Parent or Legal Guardian: _____ Date: _____

Permission to Give Medication

Completed By Health Care Provider

Child's Name: _____ Date of Birth: _____ Weight: _____

Physician: _____ Phone #: _____

Medication: _____ Purpose: _____

Dosage: _____ Route: _____ Time Given: _____

Special Instructions: _____

Possible Side Effects: _____

Start Date: _____ End Date: _____

Signature of Health Care Provider: _____ Date: _____

Below Completed By Parent or Legal Guardian

I hereby give permission for my child, _____, to receive the above medication, according to the listed directions and precautions, from the Rainbows of Learning School Age Child Care Program staff at Frankford Township School. I confirm that I have given at least one dose of the medication without any evidence of side effects or adverse reactions. I understand that it is my responsibility to provide the medication in its original container and labeled with my child's full name. I am also to supply the appropriate measuring device needed to give an accurate dose of the medication. I authorize Rainbows of Learning School Age Child Care Program staff at Frankford Township School to contact the pharmacist or health care provider for more information about this drug, if necessary. I also authorize Rainbows of Learning School Age Child Care Program staff at Frankford Township School to contact the health care provider regarding my child's health, if necessary.

I usually do the following to make giving the medication to my child easier: _____

Amount of medication brought to FTS: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Date and amount of medication returned to parent: _____

Signatures:

Staff Member: _____ Parent or Legal Guardian: _____

Parent Agreement

Child's Name: _____

I acknowledge that I have read the Parent Handbook and I am fully aware of the policies of Rainbows of Learning. Any questions have been answered to my satisfaction by the Rainbows of Learning Staff.

Please retain the Parent Handbook and policies for your records. The registration process is not complete until your registration and fees are paid and the following forms are completed and returned to the Rainbows of Learning Staff:

- Registration form
- Medical release form
- Parent agreement

By signing below, I understand and agree to accept the terms and conditions of the following Rainbows of Learning policies listed in the handbook:

Program policies

Information to parents statement prepared by the Bureau of Licensing

Enrollment and payment policy

Policy on the release of children

Discipline and expulsion policy

Policy on illnesses and communicable diseases

Expulsion policy

Signature of Parent or Legal Guardian: _____ Date: _____

Send or Drop Off Completed Paper Work to:

Rainbows of Learning

118 Route 206

Augusta, NJ 07822

973-383-5956

www.rainbowsoflearning.org

Elaine Bushey, Director

PARENT

RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name

Parent/Guardian's Name

Signature

Date

USE OF TECHNOLOGY AND SOCIAL MEDIA POLICY

Rainbows of Learning has a school Facebook page, as does some of our classrooms. Parents will be sent a friend request by your child's current teacher upon the parent's request. We ask that you only request to friend your child's current classroom.

In an effort to remain professional as well as to foster children's growth and respect family's privacy, staff members are prohibited from entering into a personal social media relationship with ROL family members.

In order to provide the best possible care for your child, please let us know how best to communicate with you in the event a need arises.

FAMILY NAME: _____

1. HOME PHONE: _____

2. CELL PHONE: _____

3. TEXT MESSAGE: _____

4. WORK PHONE: _____

5. EMAIL: _____

ATTESTATION

By signing below, you acknowledge that you have read and understand the content within this document, including all policies mentioned within and those listed below.

A copy of this Attestation will be kept in your child's folder.

- * Admission Policy
- * Developmental Screening Policy
- * Absentee, Late Pick-Up, Child Custody Policy
- * Emergency Closing Policy
- * Clothing/Dress, Cubbies, Sunscreen/Bug Repellent, Diaper Cream Policy
- * Handwashing Policy
- * Diapering Policy
- * Accident, Injury, Hospital Stay Policy
- * Babysitting Policy
- * Expulsion Policy
- * Transition Policy
- * Release of Children
- * Management of Communicable Disease
- * Tuition Policy
- * Withdrawal Policy
- * Medication Policy
- * Potty Training Policy
- * Napping Policy
- * Biting Policy
- * Television/Video Policy
- * Discipline Policy
- * Drop Off/Pick Up Policy
- * Breastfeeding Policy

I, _____ have read and fully understand all content and policies within this document.

Parent Signature _____ date _____

Director Signature _____ date _____