



ADMIN USE ONLY PLEASE

EMAIL _____
PHONE _____
INVOICED _____
INVOICE PAID _____
SIGNATURE _____
START DATE _____
MILITARY _____
SIBLINGS _____
WAIT LIST _____

LOCATION ATTENDING-

- **HAMPSTEAD** _____
- **LELAND** _____
- I UNDERSTAND THAT ALL PAYMENTS ARE NON-REFUNDABLE.
- I UNDERSTAND A 30 DAY WRITTEN NOTICE WITH PAYMENT FOR THE 30 DAYS IS REQUIRED TO REMOVE MY CHILD FROM THE PROGRAM.

SIGNATURE

DATE

AUTHORIZED CHILD RELEASE

CHILDREN ARE ONLY RELEASED TO PARENTS/ GUARDIANS AND THOSE DESIGNATED BELOW. UNTIL THEY ARE KNOWN BY SIGHT TO OUR STAFF, PLEASE BE PREPARED TO SHOW ID.

NAME OF ADULT #1

MOBILE #

NAME OF ADULT #2

MOBILE #

CHILD'S NAME

DATE OF BIRTH

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES?

DOES THIS ALLERGY REQUIRE AN EPIPEN?

CHILD'S HOME ADDRESS

PARENT/GUARDIAN NAME

MOBILE #

PREFERRED EMAIL ADDRESS FOR INVOICES & EMAIL UPDATES

PARENT/GUARDIAN NAME

MOBILE #

PREFERRED EMAIL ADDRESS FOR INVOICES & EMAIL UPDATES

PRESCHOOL ENROLLMENT REQUESTED

ENROLLMENT REQUESTED

- _____ The 2's Caterpillar Class (8:30 am– 11:30am)
- _____ The 3's Bumblebee Class (8:30 am – 12:30 pm)
- _____ The 3's Dragonfly Class (8:45 am – 12:45 pm)
- _____ The 4's Butterfly Class (8:45 am – 12:45 pm)
- _____ The 4's Ladybug Class (9:00 am – 1:00 pm)
- _____ The 5's Firefly Forest Kinders (9:00 am– 1:00 pm)

DAYS REQUESTED

- _____ 2-day Mon/Wed Monthly Tuition \$275
- _____ 2 day-Tues/Thurs Monthly Tuition \$275
- _____ 3 day-Mon/Wed/Fri Monthly Tuition \$375
- _____ 3 day-Tues/Thurs/Fri Monthly Tuition \$375
- _____ 5 day-Mon-Fri Monthly Tuition \$575

I UNDERSTAND THAT ONCE MY CHILD HAS BEEN ASSIGNED TO A CLASS AND ENROLLMENT DAYS ARE CONFIRMED THERE IS A \$25 ADMIN FEE TO MAKE ANY CHANGES TO YOUR CHILD’S ENROLLMENT. I ALSO UNDERSTAND THAT ALL PAYMENTS ARE NON-REFUNDABLE AND NON-TRANSFERABLE WHICH INCLUDES TUITION, REGISTRATION FEE, WAIT LIST FEE AND ADMIN FEES. THERE IS A WAIT LIST FEE OF \$50. IF YOUR CHILD IS ENROLLED IN OUR PROGRAM THE \$50 WILL BE APPLIED TO THE \$100 REGISTRATION FEE. I UNDERSTAND THAT THE WAITING LIST FEE IS NON-REFUNDABLE AND NON- TRANSFERABLE.

- YOU WILL RECEIVE A MONTHLY TUITION INVOICE ON THE 1ST OF EACH MONTH BY EMAIL.
- Tuition is due by the 15th of each Month for the upcoming month.
- A late fee of \$10 per day will apply starting on the 16th of the month.
- To discontinue enrollment a 30-day written notice with payment for the 30 days is required.
- Payments are accepted via Invoice only. You will receive a monthly invoice via email.

(Parent/Guardian Signature)

(Date)

HEALTHY FOOD POLICY

- Breakfast must be eaten at home before arrival.
- Please **DO NOT** send your child into preschool still eating breakfast or snacks.
- We have children with food allergies that could be harmed by this!
- Parents agree to provide **ONLY** healthy foods and snacks.
- Your child must have a labeled reusable metal thermos type bottle filled with **WATER ONLY**.
- The only drink served is WATER
- Water refills are always available.
- Lunches must be in a labeled lunch box with an ice pack to maintain food safety temperatures.
- Healthy ready to eat foods in child size portions only please.
- We allow parents to choose foods to account for each child’s individual food sensitivities, allergies, each family’s cultural food customs, dietary standards, and preferences if the food provided is healthy and not junk food.
- Fruits and veggies are great options!
- We do not heat up or prepare food as this requires health department certification.
- No junk foods are permitted or served. We follow the child nutrition standards for early childhood programs.
- We do not serve children junk food including chips, cheetos, cookies,cupcakes, snack cakes, puddings, gummy fruit snacks, jello, or any other sugary/salty treats with no nutritional value. These junk foods are prohibited in our program. Chewing gum and candy are also prohibited in our program.
- We encourage drinking lots of water and have water breaks every 15 minutes. This is a healthy alternative to keep children hydrated and cuts down on empty calories which can lead to childhood obesity.

(Parent/Guardian Signature)

(Date)

EMERGENCY MEDICAL AUTHORIZATION

If a parent or guardian cannot be reached in case of an emergency, please contact:

NAME _____ MOBILE # _____ RELATIONSHIP TO CHILD _____
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NAME _____ MOBILE # _____ RELATIONSHIP TO CHILD _____
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Child's Doctor _____
Doctor's phone _____
Insurance Company _____
Child's Insurance Card # _____
Does your child take any prescription medicine daily? If so, describe reason for treatment. _____ _____ _____

<p>If a parent cannot be reached to make decisions regarding emergency medical care at the time of an illness, accident, or injury, I give my permission for the owner or staff of Puddle Jumpers Nature Preschool to obtain whatever treatment may be deemed necessary for my child. I agree to promptly notify Puddle Jumpers Nature Preschool of any changes of the above information. This form is legally binding, so by signing it, you agree that all information provided herein is correct. False information may result in termination of preschool enrollment. I agree to be responsible for any all costs related to transportation or treatment my child receives for medical care.</p> <p>Signature _____ Date _____</p>
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THE FOLLOWING IS A LEGALLY BINDING CONTRACT BETWEEN PUDDLE JUMPERS AND

(Parent/Guardian full name)

Preschool is to be provided for:

(Please print your child's full name & date of birth)

Health: My child is in excellent health and physical condition. My child has no medical, developmental, psychological, behavioral, physical, or mental condition, which has not been fully disclosed to Puddle Jumpers on my child's registration form. My child does not have any infectious, contagious, or communicable diseases.

Illness: My child will never attend while running a fever over 100 degrees or suffering any symptoms of a potentially contagious illness. If my child becomes sick with a potentially contagious illness, I agree to notify Puddle Jumpers as soon as possible to enable Staff, at its discretion, to notify other families with children who may have been exposed to the illness. We reserve the right to require a physician's note to return to preschool if it pertains to a contagious illness.

PROGRAM PARTICIPATION AUTHORIZATION

I Give permission for my child: _____

To participate in all activities and use all equipment offered at Puddle Jumpers Nature Preschool.

I give my permission for my child to play outside in all seasons and in all SAFE weather including rain, sun, snow and any safe weather. I UNDERSTAND THAT THIS IS A 100% OUTDOOR BASED NATURE EMMERSION PROGRAM AND THAT THE CHILDREN AND STAFF ONLY SHELTER INSIDE DURING LIGHTNING STORMS.

The following physical limitations and/or restrictions apply to my child:

Exposure to nature and the local flora and fauna is an integral part of a healthy childhood and enhances children's education exponentially. Puddle Jumpers provides many opportunities to interact with the natural environment in our living outdoor classroom. As the parent, I understand the possible risks involved in active outdoor play and the possibility of minor and/or major injuries and I accept full legal responsibility for my child's involvement in such activities. I understand that climbing, jumping, crawling, swinging, balancing, running, skipping, and other active gross motor & physical ability enhancing skills are allowed and encouraged at Puddle Jumpers. I understand my child will have the opportunity for active outdoor play in all kinds of weather at Puddle Jumpers. I will not hold Puddle Jumpers Nature Preschool legally responsible for any injuries incurred while participating in these activities. I also understand that occasional bumps, bruises, splinters or skinned elbows or knees are a possibility with children actively playing outdoors on a regular basis. I understand the risks of active outdoor play in all types of weather, and I will make sure my child is dressed in the appropriate outerwear and footwear to participate daily. I give permission for my child to take daily nature walks and play in the Fairytale Forest or anywhere on the Puddle Jumpers property.

Signature _____ Date _____

BEHAVIOR NO BULLYING POLICY

Puddle Jumpers is not open to children with persistent aggressive or destructive behaviors.

We want all children to feel SAFE at Puddle Jumpers.

Good behavior has natural rewards and inappropriate behavior has consequences as well. The children at Puddle Jumpers are taught our safety rules. They are also reminded as needed what appropriate behavior is expected and shown our confidence in their ability to do what is expected of them. We promote and model positive social skills, friendship, kindness, and gratitude daily. Our philosophy is that discipline is used to teach. We teach that positive behaviors and manners are important at Puddle Jumpers, in society and life. We achieve this through love & consistency in adhering to which behaviors are acceptable at our program. When a child understands the rules and then disobeys them by hurting either their friends, teachers or harming property, the following developmentally appropriate child guidance techniques are used:

- Redirection is our main form of discipline- the child is removed from the situation and redirected to another more positive activity choice. The child is given an opportunity to try again at another time.
- Positive reinforcement- the children are verbally praised when they are exhibiting kindness and positive social behaviors that show good friendship skills.
- A mindful moment break is only used for physically harming another child or an uncontrollable temper tantrum where other children or staff could be harmed. During this time the child is separated from the group for a regulated period which equals one minute for every year of age.
- If after attempting to defuse the situation a child still poses a risk to themselves or others parents are required to pick up their child immediately.
- Last resort- When a child's behavior is continually upsetting or dangerous to the other children or the staff and the problem cannot be resolved for whatever reason, then other arrangements must be made for your child.
- If the safety of the other children or the staff is threatened, we reserve the right to terminate care immediately.
- Corporal punishment is never used as a form of discipline at Puddle Jumpers.
- We strive to provide a safe, MAGICAL non-aggressive environment for all children who attend.
- The Children's safety is always our #1 priority.
- This preschool is not open to children with a pattern of behavioral problems.
- Children who exhibit the inability to control aggressive behaviors will be dismissed from enrollment.
- **Payments are non-refundable regardless of reason for dismissal.**

I have read, signed and agree to abide by the Behavior policy. I understand that if my child's behavior becomes aggressive or causes a safety risk the policy is immediate termination.

Parent Signature _____ Date _____

WAIVER HOLD HARMLESS AGREEMENT

Facility Use: Subject to this Agreement and other terms as Nature Preschool/Nature Play/ Nature Camp/ Forest School Enrichment/ for my child which includes use of the facilities, and participation in active outdoor play and learning activities on all acres of the property. I agree to abide by Puddle Jumpers Nature Preschool LLC policies listed clearly in this legally binding document. On behalf of myself, my spouse, and each child designated herein, I hereby enter this Hold Harmless agreement with Puddle Jumpers Nature Preschool LLC. **Medical Authorization:** Although Puddle Jumpers does its best to provide a safe environment; I understand that it is possible that my child may get injured. If such an event occurs, I authorize Puddle Jumpers to follow its internal procedures, including basic first aid as per the staff's training and comfort level with handling the situation; however, I understand that the owner/director/staff shall not be required to strictly follow those guidelines when, in their judgment, circumstances may not require it. In the event that Puddle Jumpers determines that emergency medical attention is necessary for my child, I authorize Puddle Jumpers to act as an agent for me and give my permission for my child to be attended by emergency medical staff or a physician in such circumstances, as Puddle Jumpers deems necessary. **Safety/Indemnity:** I agree that Puddle Jumpers may act if it considers it prudent to protect the safety of my child and other children attending Puddle Jumpers. I further agree to indemnify, defend, and adhere to the strictest confidentiality regarding all Puddle Jumpers matters. I agree to never commit libel or the defamation of character of the staff or business either in written or verbal form. I agree to never publish any defamatory statement in writing, verbally, online or on social media which could harm the reputation of Puddle Jumpers, the staff or impact their livelihood in any way. I hold Puddle Jumpers Nature Preschool LLC and its Owners, Managers, Officers, Directors, Staff, Agents and Employees, Barnhardt Properties LLC, and FAY-FIELDCREST LLC harmless from and against all actions, claims, or liability, including Attorney fees and court costs, directly or indirectly caused by me in completing the registration form. **Future Visits:** This Agreement, the Registration Form and the Release will be kept on file at Puddle Jumpers and continue to constitute binding legal obligations for any future visits my child may make to Puddle Jumpers. However, this agreement does not obligate Puddle Jumpers to continue to provide services. Puddle Jumpers reserves the right to refuse admission to any child for any reason without liability. As a condition to my use of Puddle Jumpers and their facility, I have accurately completed and signed the Registration Form and Release. I understand that Puddle Jumpers will rely on this information in caring for my child. I agree to pay all costs and attorney fees arising out of my actions relating to this Agreement, the Registration form, or the Release for collection purposes or otherwise. Puddle Jumpers Nature Preschool aims to provide an active physically challenging environment for children. However, in any program for children, injuries can occur. For Puddle Jumpers to be able to provide services to you, it is necessary that you assume certain risks. Thus, as a requirement to receive our services Puddle Jumpers Nature Preschool requires that you sign this Release Agreement. I, on behalf of myself, my spouse and each child designated on the Registration Form, waive and release all rights, causes of action and claims against Puddle Jumpers Nature Preschool, its Owners, Officers, Directors, Staff, Agents and Employees, for any and all loss of or damage to property or injuries suffered by my child during the time my child is in attendance at Puddle Jumpers including any possible negligence of Puddle Jumpers. I understand that the provision of our services contains risk of injury to persons and damage to property, and that by signing this Release I engage Puddle Jumpers Nature Preschool to provide care for my child at my own risk. I have been given an opportunity to ask questions and obtain answers to my satisfaction regarding all aspects of Puddle Jumpers and the Release, including, but limited to, future risks, complications, and costs. By signing this Release, I have not relied on any promises or statements made by Puddle Jumpers other than those contained in the written information supplied to me. I understand that this Release will be kept on file and will continue to be in effect for this and any future visits my child may make to Puddle Jumpers Nature Preschool. I HAVE READ THE ABOVE CAREFULLY AND I HAVE A FULL UNDERSTANDING OF THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING. I FULLY UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND GUIDELINES SET FORTH BY PUDDLE JUMPERS NATURE PRESCHOOL.

Parent Signature _____ Date _____