



Tinkertime Preschool Registration Packet

Tinker Time Preschool is a play-based and child-led preschool. It is taught by a credentialed teacher with 20 years of experience in education. We will learn through play with engaging process art, sensory play, outdoor play, gardening, reading, dancing and learning from one another. We are Reggio inspired and strongly believe that children learn best when they are actively engaged with their environment and use all their senses. We cultivate the ability to wonder, to explore and to discover through our thoughtfully designed space and curated centers.

Our preschool is for ages 3-5. We have 2 options available. Monday/Tuesday/Wednesday/Thursday 10:00am-2:00pm. Tuesday/Wednesday/Thursday 10:00am-1:00pm. Preschool begins September 12th and the last day is June 13th.

*We accept mid-year enrollment based on availability/space.

Child's Name: _____ Nickname: _____

Birth date: _____ Age: _____ Sex: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Parent/Guardian's Name: _____

Home Address (if different from above): _____

City: _____ State: _____ Zip code: _____

Occupation: _____ Employer: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent/Guardian's Name: _____

Home Address (if different from above): _____

City:_____State:_____ Zip code:_____
Occupation:_____Employer:_____
Cell Phone:_____Work Phone:_____
Email Address:_____

Schedule & Tuition

(Please mark your choice):

- ☐ Monday-Thursday
10:00-2:00
\$700 per month
- ☐ Tuesday-Thursday
10:00-1:00
\$425 per month

*We accept ICCP students (financial assistance).

*Non-refundable enrollment fee \$150 is due with application.

*Check will be cashed only upon acceptance to the school.

*Up to date, **Complete Immunizations are REQUIRED-** An attached copy of the most recent records is **required with** your application.

We do accept the Idaho Exemption form. An exemption form can be provided upon request, and must be completed by your child's physician.

Medical Release Form

Child's Name: _____

Date of birth: _____

Address: _____

*In the event of an emergency, please call the order indicated (1,2,3,4,5) for the following people.

_____ Mother's Name and #: _____

_____ Fathers Name and #: _____

_____ Relatives Name and #: _____

_____ Friends Name and #: _____

_____ Doctors Name and #: _____

* In the event that none of the above people can be reached, I give my consent to Tinkertime Preschool to administer or call emergency care for my child under extreme conditions. I expect that conscientious effort will be made to locate me or one of the above designates before any action is taken. If it is not possible to locate me or any of the above designates, any expenses incurred will be paid by me.

Signature of Parent/Guardian

Date

Medical Emergency Consent:

Name of child's physician: _____

Dr. Office's address: _____

Phone: _____

*When there is a medical emergency, or when a child needs immediate medical treatment, the care provider will take responsible steps to see that the children in her care receive acceptable medical care. When appropriate, the provider will call 911 and the parents. If the parents cannot be reached, the provider will call the persons listed below who are authorized by the parents to give permission for medical treatment of the child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Holidays/Days Closed

I understand that the Preschool is closed for the coming holidays, and I am aware that there will not be a tuition adjustment for these days.

- Thanksgiving Day
- Christmas Eve
- Christmas Day
- Day after Christmas
- New Year's Day
- Martin Luther King Day

Meals and Snacks

Tinkertime provides a well-balanced snack. Parent's provide a packed lunch.

Daily Sign In/Out

I agree to complete the sign in/out procedure every day. Your child must be signed in and out by parents, or a person you have specifically authorized, whose name is listed on the child's enrollment and emergency packet. The person that signs your child/children in or out MUST be 18 years or older. NO CHILD WILL BE RELEASED TO ANYONE WITHOUT YOUR AUTHORIZATION. If custody is an issue, we must have a notarized court order on file outlining the custody arrangement. Identification will be requested from any person picking up your child. PLEASE DO NOT LEAVE YOUR CHILD(REN) UNATTENDED OR UNSUPERVISED FOR ANY REASON! At the end of the day, when you pick up your child, collect his/her belongings, notify the teacher of his/her departure, and sign out.

Illness

I understand I will be notified if my child is not feeling well, and that it will be necessary to arrange a pickup for your child as soon as possible. Your child must be fever free and symptom free for 24 hours before returning to school. If a child is exposed to a contagious disease, I agree to notify the owner.

Medications may be administered under the following conditions:

Consent: WRITTEN parental consent is required to administer ANY medication.

Prescription medication: All prescription medication MUST be in its original container and be properly labeled with the child's full name, date prescription was filled or medication's expiration date, and legible instructions for administration, such as manufacturer's instruction or prescription label.

Non-prescription medication: The following can be given with written parental consent only as to the dose, duration, and method of administration specified on the manufacturers label for the age or weight of the child needing medication. The following are acceptable non-prescription medication:

- Antihistamines
- Non-aspirin fever reducers/pain relievers
- Anti-itching ointments or lotions, intended to specifically relieve itching
- Diaper ointments and powders intended specifically for the use in the diaper area of the child.

Unlisted non-prescription medication: a physicians authorization is needed for non-prescription that is not included in the above list, OR if it is to be taken differently than indicated on the label or lacks labeled instructions.

Child/Family Information

Please list all family members at home and their relationship to your child. Please include the current schools and ages of siblings.

Does your child have any daycare, preschool, or class experience? If so, please list and describe.

Who provides your child with their daily care (parent/nanny/specific daycare or preschool)?

Please describe your child's level of independence at home (i.e. gets dressed, puts shoes on, clears dishes, eats independently, cleans up toys, plays independently, falls asleep unassisted, etc).

Is your child toilet-trained? (This is not a requirement for enrollment.)
Yes ____ No ____

Does your child have allergies? Circle one: YES NO
If yes, please attach allergy form to registration packet.

Developmental Profile

Please describe your child's personality and current interests.

Please describe your child's developmental strengths and challenges (i.e. consider social interactions, temperament, separation from caregivers, language/communication, milestones, etc.)

Has your child had a formal developmental evaluation and/or do they receive services privately or through early intervention? Do you have concerns about your child's development? Please elaborate.

Is there anything else you would like us to know about your child?

Other Information:

How did you learn about Tinkertime Studio Preschool? In what ways does it appeal to you?

Tinker time Preschool is an equal opportunity provider of childcare services. Applications for enrollment are accepted without regard to race, religion, sex, or national origin. Tinker Time Preschool reserves the right to refuse the enrollment of any child or to ask parents to make alternative arrangements for the care of a child enrolled in our program.

Tuition Agreement

Tuition and the registration fee are due one week prior to the first day of attendance. All required paperwork and immunization record is also due one week prior to the first day of attendance.

Monthly Tuition:

Monthly tuition, including ICCP co-payments, are due by the 7th of each month. A \$25 late fee will be issued if received on or after the 8th of the month. The school reserves the right to deny further attendance of the child to the school in this case. Tinkertime requires a 2-week written notice for all withdrawals and cancellations. The current month's tuition is non-refundable.

Registration fee: All families pay a non-refundable registration fee of \$150.00 per child.

Date: _____

This agreement is between Tinkertime Preschool, and _____ and _____, parents/guardian of _____.

Tinkertime Preschool accepts _____ for enrollment as a student. All children are accepted on a two-week trial basis.

We agree to pay the following tuition payments for the school year. There are as follows:
(Initial each line)

September 1 st :	_____	February 1 st :	_____
October 1 st :	_____	March 1 st :	_____
November 1 st :	_____	April 1 st :	_____
December 1 st :	_____	May 1 st :	_____
January 1 st :	_____	June 1 st :	_____

I have read and understand the above to be the registration of Tinkertime Preschool.

Parent/Guardian Signature: _____

Date: _____

Owner/Director: _____

Date: _____

Parent Agreement to Tinkertime Preschool Handbook

I have read and understand the parent handbook of Tinkertime Preschool.

Parent/Guardian Signature: _____

Date: _____

Owner/Director: _____

Date: _____