PRESCHOOLS & CHILD DEVELOPMENT CENTERS

We Care Enough to Make a Diffenence!

ENROLLMENT PACKET

Welcome to the Playmates Family!

NAEYC ACCREDITED

TIER III
WV STARS RATED

AGES SERVED
INFANT – SCHOOL AGE

SAFE · CARING EDUCATIONAL

SAFE ENVIRONMENTS | CARING STAFF | EDUCATIONAL EXCELLENCE

Building Bright Futures Every Day

Welcome to the Playmates Family!

New Family Orientation Checklist

We are excited to welcome your family to Playmates! During your orientation, we will review important information, answer your questions, and make sure you have everything you need for a successful start. Our goal is to help your child and family feel comfortable, informed, and confident from the very first day.

☐ **Enrollment Documents Reviewed**

- Enrollment Application
- Health Assessment
- Immunization Record
- Emergency Contact Information
- Tuition Agreement
- Family Handbook Receipt
- Behavior Partnership Agreement

☐ **Family Handbook Reviewed**

- Mission & Philosophy
- Hours of Operation including holiday and weather closures
- Illness & Exclusion Policy
- Child Guidance & Positive Behavior
- Medication Procedures
- Nutrition & CACFP
- Arrival & Departure Procedures
- Emergency Procedures

☐ **Classroom Information**

- Tour of the Center
- Meet Your Child's Teacher
- Daily Schedule
- Curriculum Overview
- Parent Communication (Remind, My Days, Parent Board)
- Conferences & Child Assessments

☐ **Financial Information**

- Tuition Schedule
- Payment Due Dates
- Registration Fee
- Annual Supply Fee
- Tuition Express / Payment Options

☐ **Family Partnership**

- Family Questions Answered
- Transition Plan & First Day Procedures
- Child's Individual Needs Discussed
- Classroom Celebrations
- Volunteering
- Family Ready to Begin

Our Promise to Your Family

At Playmates, we are committed to providing a safe, nurturing, and educational environment where every child is valued and every family is treated with kindness and respect. We believe that strong partnerships with families create the foundation for every child's success. Thank you for trusting us with your child's early learning journey.

Child Enrollment Information

Date of Admission: _____Date of Discharge: _____

Child's Full Name: _____ Sex: ☐ Male ☐ Female

Name Child Goes by: _____ Social Security Number: _____- _____-_____

Date of Birth: _____Birthplace: _____

Child's Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School (If School Age) _____Phone_____ WVEIS #_____

Scheduled Days & Hours for Care_____

Parent/Guardian Information

Parent/Guardian #1 Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Address (if different from child): _____

City: _____ State: _____ Zip: _____

Occupation and Place of Employment _____Phone: _____

Parent/Guardian #2 Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Address (if different from child): _____

City: _____ State: _____ Zip: _____

Occupation and Place of Employment _____Phone: _____

Legal Guardian (If Applicable)

Name: _____Relationship to Child: _____ Phone: _____

Legal Custody

☐ Both Parents ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent ☐ Other: _____

Is there a court order regarding custody, visitation, or release of the child?

☐ Yes ☐ No **If yes, a copy must be provided to Playmates and kept in the child's file.**

FAMILY INFORMATION

Siblings (Please list your child's brothers and sisters.):

Name	Age	Lives in Home?	Name	Age	Lives in Home?
_____	_____	☐ Yes ☐ No	_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No	_____	_____	☐ Yes ☐ No

Household Members (Please list any other people living in the home with your child.):

Name	Relationship to Child	Name	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZED PICK-UP PERSONS

For the safety of your child, Playmates will release your child only to the parent(s)/guardian(s) or the individuals listed below. Anyone not listed on this form will not be permitted to pick up your child unless authorization is received from a parent/guardian or other individual authorized to pick up your child. A valid photo ID may be required before releasing a child.

Name	Relationship	Complete Address including Zip	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

PERSON NOT AUTHORIZED TO PICK UP MY CHILD

Please list any individual(s) who are not permitted to pick up your child. This may include individuals with custody restrictions, court orders, foster care restrictions, or other safety concerns.

_____

If there is a court order restricting an individual's access to your child, a current copy of the court order must be provided to the center and kept on file.

Parent/Guardian Signature: _____ Date: _____

CHILD HEALTH & INDIVIDUAL NEEDS

This information helps us provide the safest, healthiest, and most individualized care for your child. Please complete all applicable sections.

Child Information - Is your child: ☐ Right-Handed ☐ Left-Handed ☐ No Preference Yet

Previous Group Experience - Has your child previously attended another childcare center, preschool, or other group program? ☐ Yes ☐ No If yes, where? _____

Early Intervention & Support Services - Is your child currently receiving any of the following services?

☐ Birth to Three
☐ Speech Therapy
☐ Occupational Therapy
☐ Physical Therapy
☐ Behavioral Therapy
☐ Developmental Therapy
☐ Individualized Education Program (IEP)
☐ 504 Plan
☐ Other: _____

If yes, please provide any information that will help us support your child's success. _____

_____

Health Information - Please list any medical conditions, diagnoses, allergies, or health concerns that may affect your child's care while at Playmates (examples include asthma, diabetes, seizures, eczema, severe allergies, heart conditions, or other chronic medical conditions). _____

_____

Allergies - Please list any food, medication, insect, environmental, or other allergies. _____

Dietary Needs- Does your child have any dietary restrictions, food allergies, food intolerances, or special nutritional needs? ☐ No ☐ Yes If yes, please explain: _____

Please Note: If your child requires a special diet, meal modification, food substitution, or dietary accommodation due to a medical condition, allergy, or disability, a completed Dietary Needs/Medical Statement signed by your child's licensed health care provider must be submitted before the accommodation can be implemented.

Emergency Care Plans - Does your child have an Emergency Action Plan, Allergy Action Plan, Asthma Action Plan, Seizure Action Plan, Diabetes Care Plan, or any other physician-directed care plan?

☐ No ☐ Yes If yes, please provide a copy to the center. _____

Toileting - Does your child have any bowel, or bladder concerns we should be aware of?

☐ No ☐ Yes If yes, please explain. _____

Additional Information - Is there anything else you would like us to know that will help us provide the best possible care and support for your child? _____

_____

DEVELOPMENT

This information helps us understand your child's developmental history and individual needs so we can provide the best possible care and support.

Communication - How does your child communicate his/her wants and needs? _____

Are there any words, signs, gestures, or communication methods your child uses that would be helpful for our staff to know? _____

Comforting Strategies - What helps comfort your child when he/she is upset, tired, frustrated, or having a difficult day? _____

Developmental History - Were there any pregnancy, birth, or developmental concerns that you would like to share with us? ☐ No ☐ Yes If yes, please explain: _____

Developmental Milestones - Approximately what age did your child:

Sit Independently _____ Walk _____

Crawl _____ Talk _____

Speech & Language - Do you have any concerns regarding your child's speech or language development?

☐ No ☐ Yes If yes, please explain. _____

Disabilities or Special Needs - Does your child have a diagnosed disability or special need?

☐ No ☐ Yes If yes, please explain. _____

Medications - Does your child take any routine medications?

☐ No ☐ Yes If yes, please list all medications. _____

Are there any side effects our staff should be aware of? _____

Medication Administration - Whenever possible, medications should be administered at home. If medication must be administered while your child is in our care, a Medication Administration Authorization Form must be completed and signed by the parent/guardian. Prescription medications must also be accompanied by written authorization from the child's licensed health care provider and be in the original pharmacy-labeled container.

Additional Transition Information - Is there anything else you would like us to know that will help us provide the best possible care and support for your child or that will make your child's transition to Playmates a positive experience? _____

_____

Required Health Records - A current Health Assessment and Immunization Record completed by your child's licensed health care provider must be on file before enrollment, as required by West Virginia Child Care Licensing Regulations.

DAILY ROUTINES & PREFERENCES

Getting to know your child's daily routines helps us provide a comfortable, consistent, and nurturing environment.

Eating Habits

Does your child have a good appetite? ☐ Yes ☐ No

Favorite Foods: _____

Foods Your Child Dislikes or Refuses: _____

How does your child usually eat?

☐ Finger Foods ☐ Fork ☐ Other:

☐ Spoon ☐ Needs Assistance _____

Toilet Learning

Is your child: ☐ In Diapers ☐ Potty Training ☐ Toilet Independent

How does your child let you know they need to use the restroom? _____

What words does your child use for:

Urination: _____ Bowel Movement: _____

Are there any toileting routines or concerns we should know? _____

Sleep Routine

Does your child nap? ☐ No ☐ Yes If yes, what is typical time? _____

What time does your child usually go to bed at night? _____ What time does your child wake up? _____

How does your child typically wake up? ☐ Happy ☐ Quiet ☐ Needs Time to Wake Up ☐ Other: _____

Does your child sleep with a favorite blanket, stuffed animal, pacifier, or other comfort item? _____

What helps your child fall asleep? _____

Favorite Things

Favorite Toy or Activity: _____ Favorite Song: _____

Favorite Book: _____ Favorite Outdoor Activity: _____

Is there anything else about your child's daily routines or preferences that would help us make them feel safe, comfortable, and successful at Playmates? _____

_____

GETTING TO KNOW YOUR CHILD

Every child is unique! The more we know about your child, the better we can build positive relationships and create a successful learning experience.

Personality - How would you describe your child's personality? (Check all that apply.)

☐ Outgoing ☐ Independent ☐ Affectionate

☐ Quiet ☐ Cautious ☐ Creative

☐ Curious ☐ Active ☐ Other: _____

Social Skills

How does your child usually interact with other children? _____

Has your child previously spent time away from family in a childcare, preschool, or other group setting?

☐ Yes ☐ No If yes, please tell us about that experience. _____

Comfort & Emotional Support

What helps comfort your child when he/she is upset, frustrated, or having a difficult day? _____

_____

What situations, experiences, or changes may upset, frustrate, or overwhelm your child? _____

_____

Fears or Sensitivities - Are there any fears, sensory sensitivities, or situations we should be aware of?

☐ Loud Noises ☐ Storms ☐ New Situations

☐ Animals ☐ Darkness ☐ Other: _____

Positive Guidance

What strategies work well at home when guiding your child's behavior? _____

_____

Are there any guidance techniques that do not work well with your child? _____

_____

What motivates your child?

☐ Praise ☐ Helping Others ☐ Small Rewards

☐ Stickers ☐ One-on-One Attention ☐ Other: _____

☐ Special Privileges ☐ Positive Encouragement

Strengths

What are your child's greatest strengths? _____

_____

Parent Goals

What are your goals for your child while attending Playmates? _____

_____

Family Partnership

Is there anything you would like your child's teachers to know that will help us build a positive relationship with your child? _____

_____

Community Support Services

Is your family currently receiving support from community agencies?

☐ Yes ☐ No If yes, please explain. _____

Is your child currently receiving Birth to Three, Early Intervention, special education services, or other support services? ☐ Yes ☐ No If yes, please explain. _____

Are there any accommodations or supports that would help your child be successful at Playmates?

_____

Our Promise

Thank you for taking the time to tell us about your child. We believe every child is unique, and learning about your child's personality, interests, strengths, and individual needs helps us build trusting relationships and provide the highest quality care and education. We look forward to partnering with your family to help your child learn, grow, and thrive.

Child Care Emergency Contact Information and Consent Form

This form is kept in your child's classroom and accompanies your child whenever they leave the center for emergency evacuations, field trips, transportation, or other off-site activities. Please notify the center immediately if any information changes.

Child's Name: _____ Birth date: _____ Sex: ☐ Male ☐ Female

Complete Address:_____

Guardian #1 Name: _____ Phone#1_____ Phone#2_____

Complete Address:_____

Guardian #2 Name: _____ Phone#1_____ Phone#2_____

Complete Address:_____

Emergency Contacts/Authorized Pick-ups

(To be notified in case of emergency or to whom child may be released if guardian is unavailable)

Name: _____Phone#1_____ Relationship_____

Complete Address:_____

Name: _____Phone#1_____ Relationship_____

Complete Address:_____

Is there a court order granting custody, visitation, or otherwise restricting or allowing access to the child? _____

(If yes, a copy of the court order must be provided with this application)

People **NOT ALLOWED** to pick up child:_____

Child's Preferred Sources of Medical Care

Physician's Name: _____ Telephone: _____

Complete Address: _____

Dentist's Name: _____ Telephone: _____

Complete Address: _____

Preferred Hospital: ☐ Cabell Huntington Hosp
1340 Hal Greer Blvd
Huntington, WV 25701
304-526-2000

☐ St. Mary's
2900 1st Ave
Huntington, WV 25702
304-526-1234

☐ Other:_____
_____
_____
_____

Ambulance Service: _____ Telephone: _____

(Parents are responsible for all emergency transportation charges.)

Child's Health Insurance

Insurance Plan: _____ID# _____Name on Card _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, DIETARY, OR MEDICAL CONDITIONS _____

_____

Parent/Guardian Consent and Agreement for Emergencies

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. In the event of a medical emergency, the center staff will immediately attempt to parents/guardians above. If the parents cannot be contacted, I give consent for the emergency contact person(s) listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the people on the emergency contact list can be contacted, I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available. If neither the parents nor the people on the emergency contact list can be contacted, center staff are authorized to obtain emergency medial evaluation and/or treatment for the child. I agree to review and update this information whenever a change occurs.

Child's Name: _____Guardian's Signature: _____Date_____

TRANSPORTATION & ROUTINE FIELD TRIP AUTHORIZATION

I give permission for my child, (Child's name) _____, to participate in routine educational outings, neighborhood walks, and transportation provided by Playmates Preschool & Child Development Centers, Inc. Transportation may be provided by authorized Playmates employees or approved volunteers in accordance with program policy and applicable regulations.

At Playmates, we believe children learn through hands-on experiences both inside and outside the classroom. We also believe that families and staff working together help create safe, fun, and meaningful learning experiences for every child.

Transportation & Field Trip Expectations

Parents/Guardians, please review these expectations with your child. Working together helps ensure safe, enjoyable, and educational experiences for everyone.

Children are expected to:

- Wear seat belts at all times when required.
- Remain seated while the vehicle is moving.
- Use indoor voices and avoid yelling or distracting the driver.
- Keep hands, feet, and personal belongings to themselves.
- Follow directions from Playmates staff promptly.
- Remain with their assigned group and supervising staff at all times.
- Demonstrate respectful behavior toward classmates, staff, volunteers, drivers, and members of the community.
- Use good manners and represent Playmates in a positive manner at all times.

Playmates staff use positive guidance techniques to encourage appropriate behavior. If a child's behavior creates a safety concern for themselves or others, the parent/guardian will be notified. Continued unsafe behavior may result in temporary suspension of transportation and/or field trip privileges, or other interventions consistent with the Playmates Behavior Partnership Agreement.

For many years, Playmates has been recognized for having respectful, well-behaved children during community outings and educational experiences. By working together, families and staff help us continue this tradition while providing children with safe, fun, and meaningful learning opportunities.

I have read and understand the Transportation & Routine Field Trip Authorization and agree to support these expectations.

Parent/Guardian Signature: _____ Date: _____

TOPICAL PRODUCTS AUTHORIZATION

To help protect your child while in our care, Playmates requests parent authorization before applying sunscreen, diaper ointment/cream, or insect repellent. All topical products must be provided by the parent/guardian and will be applied according to the manufacturer's directions, West Virginia Child Care Licensing Regulations, and Playmates policies.

Sunscreen Authorization

I authorize Playmates staff to apply the sunscreen that I provide to my child as needed during outdoor activities.

☐ Yes, I give permission. ☐ No, I do not give permission.

Diaper Ointment/Cream Authorization *(Preventative Use Only)*

I authorize Playmates staff to apply the diaper ointment or diaper cream that I provide to my child as needed to help prevent diaper rash.

☐ Yes, I give permission. ☐ No, I do not give permission.

Insect Repellent Authorization

I authorize Playmates staff to apply the insect repellent that I provide to my child when conditions warrant.

☐ Yes, I give permission. ☐ No, I do not give permission.

Parent Responsibilities

- All topical products must be provided by the parent/guardian.
- Products must be in their original container.
- Products must be clearly labeled with the child's first and last name.
- Sunscreen must be non-aerosol and SPF 15 or higher.
- Parents are responsible for replacing products before they expire or when additional product is needed.
- Products will be applied according to the manufacturer's directions, West Virginia Child Care Licensing Regulations, and Playmates policies.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO, AUDIO, VIDEO & MEDIA AUTHORIZATION

Playmates Preschool & Child Development Centers, Inc. uses photographs, audio recordings, and video recordings to document children's learning, communicate with families, celebrate children's accomplishments, and promote our programs. In addition, video surveillance is used as part of our routine safety and security procedures.

Please indicate your authorization below.

Classroom Documentation & Family Communication

I authorize Playmates Preschool & Child Development Centers, Inc. to photograph, audio record, and/or video record my child for educational purposes, classroom documentation, parent communication, and program activities.

☐ Yes, I authorize. ☐ No, I do not authorize.

Promotional & Marketing Materials

I authorize Playmates Preschool & Child Development Centers, Inc. to use photographs, audio recordings, and/or video recordings of my child in newsletters, brochures, the Playmates website, social media, newspapers, television, advertisements, and other promotional materials.

☐ Yes, I authorize. ☐ No, I do not authorize.

Security Camera Acknowledgment

I understand that Playmates Preschool & Child Development Centers, Inc. utilizes video surveillance as part of its ongoing safety and security program. Security cameras are used to help protect the safety of children, families, staff, and visitors, to assist in maintaining a secure environment, and to aid in the investigation of incidents when necessary. Security camera recordings are maintained in accordance with Playmates' policies and applicable laws.

☐ I acknowledge my understanding of Playmates' use of security cameras.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

TECHNOLOGY & INTERNET POLICY ACKNOWLEDGMENT

I acknowledge that I have received the Playmates Preschool & Child Development Centers, Inc. Technology & Internet Policy contained in the Family Handbook. I understand that technology and internet use are supervised and used only in accordance with Playmates policies. I agree to comply with the Technology & Internet Policy.

FAMILY & BEHAVIOR PARTNERSHIP AGREEMENT

Working Together to Help Every Child Succeed

At Playmates Preschool & Child Development Centers, we believe every child deserves to learn in a safe, nurturing, and respectful environment. Our goal is to teach children appropriate social, emotional, and behavioral skills through positive guidance, consistency, and strong partnerships with families.

Our Philosophy

We recognize that all behavior is a form of communication. Our staff works to understand the reasons behind challenging behaviors while helping children develop self-control, problem-solving skills, and positive relationships. Playmates uses positive guidance techniques that are developmentally appropriate and consistent with our program philosophy, state licensing regulations, and NAEYC standards.

Immediate Safety Concerns

Some behaviors require immediate intervention because they place the child, other children, or staff at risk. Examples include, but are not limited to:

- Repeated aggression such as hitting, biting, kicking, or choking.
- Throwing objects with intent to harm.
- Attempting to leave supervision.
- Serious destruction of property.
- Threatening or intentionally injuring others.
- Any behavior that creates an unsafe learning environment.

Parents may be contacted to pick up their child if the child is unable to safely participate in the program that day.

Parent Acknowledgment

I understand that Playmates is committed to positive behavior support and family collaboration and that enrollment may be discontinued if the program cannot safely meet my child's needs despite reasonable intervention efforts.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

PRICING POLICY & PAYMENT AGREEMENT

Mark all that apply		Supply Fees $12 per year (charged each January, prorated $1/month)		Registration Fees $15 once	
	Age of Child	Daily Rate (Part-time)	Hourly Rate (Part-time)	Weekly Rate (Full-time)	Overtime (Hourly)
	0 – 23 months	$40.00	$8.00	$180.00	$8.00
	2 years	$30.00	$6.50	$140.00	$6.50
	3 – 5 years	$28.00	$6.50	$135.00	$6.50
	Public Pre-K Students	No charge during Public PreK hours			
	6 – 12 years	$26.00	$6.50		$6.50
	Before/After School Care (includes up to one hour before school and/or up to 3 hours after school)	$10.00			$6.50
	*Field Trips/Summer Camp	Varies – Playmates works very hard to negotiate and plan educational, fun and affordable trips			

Selection of service reserves the spot each day and must be paid whether child is here or not. Full-time enrolled children earn one personal day per month when child is present and attending regularly as scheduled. Part time enrolled children earn one half personal day per month when child is present and attending regularly as scheduled. To use personal days, families must submit a note requesting personal days with their tuition payment.

Any payments made in excess of weekly bill will be credited to the following week's balance. A two-week notice is required to terminate your child (ren)'s reserved space(s). All balances must be paid in full at termination date. Refunds will be given if agreement is fulfilled. If a part-time spot is requested, please list days and hours children will be in attendance at center. _____

PAYMENT AGREEMENT

I agree to pay tuition and all applicable fees according to the services selected and the terms outlined in the Pricing Policy & Payment Agreement.

I understand that tuition is due weekly and that payments will be processed on the first business day of each week for the previous week's services. If I require an alternate payment schedule, I understand that I must submit a written request to the Center Director for approval.

I understand that failure to comply with this Payment Agreement may result in suspension or termination of childcare services.

I understand that a $25.00 fee will be assessed for all declined, returned, or dishonored payments.

*I understand that field trip costs are in addition to regular tuition. Playmates works very hard with local businesses and attractions to negotiate the most affordable rates possible for our families. We also believe that every child should be able to participate and enjoy these special experiences. If the cost of a field trip creates a hardship for your family, please speak privately with your center director. Playmates will gladly cover the cost or work out payment arrangements, we would never want a child to miss a field trip because their family is unable to pay.

_____ _____

Parent's Signature Date Child Care Representative Date

FINAL ENROLLMENT AGREEMENT & ACKNOWLEDGMENT

By signing below, I certify that the information provided in this Enrollment Packet is true, complete, and accurate to the best of my knowledge. I acknowledge that I have received the Playmates Family Handbook and Enrollment Packet and understand that it is my responsibility to read, understand, and comply with the policies and procedures of Playmates Preschool & Child Development Centers, Inc.

I further acknowledge and agree that:

• I have participated in the enrollment orientation and have had the opportunity to ask questions regarding Playmates' programs, policies, procedures, and expectations.
• I understand that Playmates uses positive guidance and behavior management practices designed to teach children self-control, responsibility, problem-solving skills, and respect for others.
• I understand that all Playmates employees are mandated reporters and are required by West Virginia law to report suspected child abuse or neglect.
• I agree to promptly notify the center of any changes to my child's contact information, emergency contacts, medical information, custody arrangements, authorized pick-up persons, or any other information that may affect my child's health, safety, or well-being.
• I understand that additional forms or documentation may be required to comply with West Virginia Child Care Licensing Regulations, the West Virginia Department of Education, CACFP requirements, and Playmates policies.
• I acknowledge that I have received and reviewed the following:

- Playmates Family Handbook
- Tuition Agreement
- Family & Behavior Partnership Agreement
- Transportation & Routine Field Trip Authorization
- Topical Products Authorization
- Photo, Audio, Video & Media Authorization
- Technology & Internet Policy
- Parent Orientation Information
- Any other required enrollment forms

• I understand that my child's continued enrollment is contingent upon compliance with Playmates policies and financial obligations.

Thank You for Choosing Playmates

Playmates Preschool & Child Development Centers, Inc. looks forward to partnering with your family to provide a safe, nurturing, and educational environment where your child can learn, grow, and thrive. Thank you for choosing Playmates. We are honored to be part of your child's early learning journey because at Playmates...

"We Care Enough to Make a Difference."

Certification

I certify that I have read, understand, and agree to the statements contained in this Final Enrollment Agreement & Acknowledgment.

Parent/Guardian Signature: _____ Date: _____

Playmates Representative Signature: _____ Date: _____