



Enrollment Form

Child's Full Name		Date of Admission
Child's Date of Birth	Child's Home Phone No.	Date of Withdrawal
Child's Home Address		
PARENT/GUARDIAN INFORMATION & AUTHORIZED PICK-UP INFORMATION List telephone numbers below where parents/guardian may be reached while the child will be in care. I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.		
<i>Parent/Guardian's Information:</i> Name _____ Cell Phone No. _____ Work Phone No. _____ Occupation _____ Email Address _____ Address _____		<i>Parent/Guardian's Information:</i> Name _____ Cell Phone No. _____ Work Phone No. _____ Occupation _____ Email Address _____ Address _____
<i>Nanny, babysitter, or regular caretaker's information:</i> Name _____ Cell Phone No. _____ Email Address _____ Relationship _____		<i>A person to call in case of an emergency if parents/guardian cannot be reached:</i> Name _____ Cell Phone No. _____ Address _____ Relationship _____
<i>Additional authorized pick-up person:</i> Name _____ Cell Phone No. _____ Relationship _____		<i>Additional authorized pick-up person:</i> Name _____ Cell Phone No. _____ Relationship _____
Child Information		
Has your child attended a childcare center or daycare in the past? If so, please fill out the following information: Name of school _____ Dates attended _____ Reason for leaving _____	What languages are most commonly spoken at home? Are there any family or cultural beliefs we should be aware of?	Does your child have any siblings? Names and ages: Were/are any siblings currently or previously enrolled at The Mays School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please check next to the program that you are interested in: <input type="checkbox"/> Full-time (6:30 AM to 6:30 PM) <input type="checkbox"/> Part-time (6:30 AM to 3:30 PM)		
Please tell us about your child:		

MEDICAL AUTHORIZATION AND INFORMATION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize The Mays School to call 911 and request an ambulance to transport my child to the medical facility recommended by EMTs and/or transport my child to the closest/most appropriate medical facility, and to secure any and all necessary emergency medical care for my child.

Name of Physician

Address

Phone No.

Parent Signature

Date

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

List any food, environmental, medication, or other allergies:

List any food, environmental, medication, or other sensitivities that are not allergies:

Does your child have any developmental or physical delays or differences?

Notes:

Parent Signature

Date

Please attach the following documents to this form:

- ☐ Signed health statement
- ☐ Immunization records
- ☐ Any doctor's notes for special situations
- ☐ Special needs referrals
- ☐ Letter of recommendation if transferring from another school



Tuition Payment Information

- ☐ Manual Check Payment
☐ Credit Card Payment (a 3% convenience fee is associated with paying by credit card)
☐ ACH Bank Account Draft

ACH INFORMATION

Account Holder's Name: _____ Name of Bank: _____

Account Number: _____ Routing Number: _____

Type of account: ☐ Checking ☐ Savings ☐ Business

This authorization will remain effective until I notify MAYS in writing of its termination. Notification must be received five or more school days before tuition is due. Please attach a copy of a voided check to this form.

I agree to have the full amount of billed tuition plus miscellaneous fees (field trips, fundraisers, event tickets, or MAYS merchandise) drafted from my bank account by The Mays School on the 1st of each month.

Account Holder's Signature: _____ Date: _____

CREDIT CARD INFORMATION

Account Holder's Name: _____ Type of Card: _____

Card Number: _____

Security Code (CVC): _____ Expiration Date: _____

Billing Address: _____

This authorization will remain effective until I notify MAYS in writing of its termination. Notification must be received five or more school days before tuition is due. Please attach a copy of a voided check to this form.

I agree to have the full amount of billed tuition plus miscellaneous fees (field trips, fundraisers, event tickets, or MAYS merchandise) drafted from my bank account by MAYS on the 1st of each month.

Account Holder's Signature: _____ Date: _____



Acknowledgement of Policies

_____ I understand that MAYS offers breakfast, lunch, and three snacks every day to children 18 months and older. I understand that my child will receive all meals unless I opt out by sending an email to info@mays.school. If I want my child to start eating school-provided meals before 18 months of age, then I must send an email and approve all of the menu items in writing. We do not offer partial menu plans.

_____ I understand that it is my responsibility, as the parent or guardian, to keep all of my family's information up to date at MAYS, including information about phone numbers, emergency contacts, addresses, authorized pick-up persons, allergies, illnesses, special needs, immunization records, health records, and all other basic information.

_____ I understand that unless legal documentation is submitted to the contrary, we assume that a child's parents share equal rights to drop off or pick up.

_____ I understand that pictures of children enrolled at MAYS will be displayed in classrooms, hallways, newsletters, and on the MAYS website and Facebook page.

_____ I understand that the Parent Handbook contains important information that we need to be familiar with and understand. Please take the time now to carefully review the handbook and keep your copy for future reference. If you have any questions about any of our policies, please contact us.

_____ I have received a copy of The Mays School Parent Handbook with Operational Policies and Procedures dated September 2021.

_____ I understand that any enrollment, wait list, policy, or procedure documents I have signed with My Country Clubhouse Preschool are still valid and carry over to MAYS.

FIELD TRIPS (additional permission slips will be sent home one week before the trip)

- ☐ I **GIVE** consent for my child to participate in scheduled field trips once they are three years of age or older.
☐ I **DO NOT GIVE** consent for my child to participate in scheduled field trips once they are three years of age or older.

WATER PLAY

- ☐ I **GIVE** consent for my child to participate in sprinkler play and water table play.
☐ I **DO NOT GIVE** consent for my child to participate in sprinkler play and water table play.

TRANSPORTATION

- ☐ I **GIVE** consent for my child to be transported and supervised by our staff for emergency care and on scheduled field trips.
☐ I **DO NOT GIVE** consent for my child to be transported and supervised by our staff for emergency care and on scheduled field trips.

POOL TRIPS (additional permission slips will be sent home one week before the trip)

- ☐ I **GIVE** consent for my child to participate in scheduled pool trips and lessons once they are three years of age or older.
☐ I **DO NOT GIVE** consent for my child to participate in scheduled pool trips and lessons once they are three years of age or older.

SUPPLIES (MAYS provides sunscreen, insect repellant, hand soap, hand sanitizer, lotion, rash cream, wet wipes, and healing ointment for student use during the day. MAYS staff members will help children apply these products on an "as needed" basis. All of our products are Honest Company, Babyganics, Aveno Baby, Method, Burt's Bees, Neutrogena Baby, or Seventh Generation brand products.)

- ☐ I **GIVE** MAYS permission to use the above-named products on my child on an "as needed" basis.
☐ I **DO NOT GIVE** MAYS permission to use the above-named products on my child on an "as needed" basis.

WET WIPES (MAYS provides wet wipes for the students to use during diaper changes, in the classroom, and on the playground. All of our products are Honest Company, Babyganics, Aveno Baby, Method, Huggies Natural Care, Pampers Pure, Water Wipes, or Seventh Generation brand products.)

- ☐ I **GIVE** MAYS permission to use the above-named products on my child on an "as needed" basis.
☐ I **DO NOT GIVE** MAYS permission to use the above-named products on my child on an "as needed" basis.

Parent Signature

Date



Medication

Authorization for Dispensing Over-the-Counter Medication Provided by The Mays School

MAYS provides infant Tylenol (Acetaminophen), infant Advil (Ibuprofen), children's Tylenol (Acetaminophen), children's Advil (Ibuprofen), children's Zyrtec (Cetirizine HCl), children's Benadryl (Diphenhydramine), antibiotic ointment (Neosporin), children's allergy (Loratadine), and anti-itch cream (Hydrocortisone). All MAYS-provided medication will be stored in the original bottle and will not be expired. All MAYS-provided medication will be stored at room temperature in the front office. Medication can only be administered in amounts according to the label directions unless a signed note from the child's pediatrician is provided.

Pain/Fever Medications:	Allergy Medications	Creams or ointments
Infant's and children's Tylenol (Acetaminophen): 0-2 years: Must have doctors note 2-3 years: 5 ml 4-5 years: 7.5 ml Infant's and children's Advil: (Ibuprofen): 0-5 months: Must have doctors note 6-11 months: 1.25 ml 12-23 months: 1.875 ml 2-3 years: 5 ml 4-5 years: 7.5 ml	Children's Benadryl (Diphenhydramine): 0-5 years: Must have doctors note 6-11 years: 5-10 ml Children's Zyrtec (Cetirizine HCl): 0-2 years: Must have doctors note 2-5 years: 2.5 ml 6-10 years: 5-10 ml	Anti-itch cream (Hydrocortisone): One small dab (fingertip sized) to the affected area Antibiotic ointment (Neosporin): One small dab (fingertip sized) to the cut, scrape, or affected area

Please initial next to the medications that you give permission for your child to receive. Write "NO" next to the medications that you do not give permission for your child to receive.

_____ I give my child permission for my child to receive **Infant's / Children's Tylenol** following the dosage instructions above.

_____ I give my child permission for my child to receive **Infant's / Children's Advil** following the dosage instructions above.

_____ I give my child permission for my child to receive **Children's Benadryl** following the dosage instructions above.

_____ I give my child permission for my child to receive **Children's Zyrtec** following the dosage instructions above.

_____ I give my child permission for my child to receive **Hydrocortisone Cream** following the dosage instructions above.

_____ I give my child permission for my child to receive **Neosporin Cream** following the dosage instructions above.

_____ I understand that this authorization is valid from September 1, 2021 through August 31, 2022, and that I must complete a new medication authorization form each September for my child to continue receiving over-the-counter medications as needed.

Notes/special instructions:

Child's Name: _____ Parent's Name: _____

Child's Birthdate: _____ Parent Signature: _____ Date: _____



Health Statement

Child's Full Name: _____ Child's Birthdate: _____

HEALTHCARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he/she is able to take part in the childcare program without any restrictions.

Name of Healthcare Professional

Address

Phone No.

Healthcare Professional's Signature

Date

Parent Signature

Date

Food Allergy Plan

Child's Full Name: _____ Child's Birthdate: _____

Name of Healthcare Professional

Address

Phone No.

Food(s) child is allergic to: _____

Possible symptoms if exposed to this food: _____

Specific steps to take if the child has an allergic reaction to this food:

By signing below, the parent or guardian of this child gives MAYS permission to post the child's food allergy in food serving and food preparation areas and classrooms. This plan must be signed and dated by your child's healthcare professional.

Healthcare Professional's Signature

Date

Parent Signature

Date

Director Signature

Date



Volunteering and Involvement

At MAYS, we feel that parental involvement is very important, and that each family has a unique skill set and potential available time to participate in school activities. Please let us know if you are interested in helping with any of the following activities around the school or at home.

- ☐ I can help with organization and creating curriculum materials.
- ☐ I can build, assemble, and repair items around the school.
- ☐ I can come in and read stories to my child's class.
- ☐ I can come in and help with art projects in my child's class.
- ☐ I can help plan and organize special classroom events, parties, and projects.
- ☐ I can create projects at home, including cutting, gluing, printing, decorating, stapling, and organizing work for the class.
- ☐ I would like to help with and attend school field trips and outings.
- ☐ I would like to help not only in my child's class, but in other classrooms.
- ☐ I can help maintain the indoor and outdoor gardens.

Please circle the days you may be available to help.

Monday

Tuesday

Wednesday

Thursday

Friday

I can only volunteer from home

Notes:

Student Information for the Classroom Teachers

Child's Full Name: _____ Nickname: _____ Birthday: _____

What is your child's favorite toy or game? _____

What is your child's favorite book? _____

What would you like your child to gain by joining our classroom? _____

When your child is upset, how do you typically comfort them? _____

Who typically picks up your child each afternoon? _____ Relation: _____

How many hours does your child typically sleep at night? _____ Is your child toilet trained? _____

Is there anything we should know about their toileting, diapering, or sleeping? _____

If your child is sick and needs to go home early, who should we contact first? _____

Do you have any concerns about your child's development or behavior? If so, please explain:

Please list any other information that you would like the classroom teacher to know about your child: