



ENROLLMENT APPLICATION

Return the completed application and paperwork to Play Frontier

Child's Name (and preferred names/spellings):	Date of Birth:	Desired Pronouns:
Parent(s) or Legal Guardians:		
Telephone:		
Email Address:		
Address Physical:		
City:	State:	Zip:
Address Mailing (if different than above):		
City:	State:	Zip:

If your child is offered a space, their enrollment will be guaranteed upon payment of enrollment fee (\$150) and first month's tuition, along with receipt of enrollment paperwork. Please write legibly.

Desired Schedule:

- Infant Toddler Preschool

If space is available, my child will attend the program on the following schedule:

Core Hours:

- Monday Tuesday Wednesday Thursday Friday

Aftercare Hours:

- Monday Tuesday Wednesday Thursday Friday

Please note: Play Frontier requires a minimum 2 days enrollment. A child can only attend Aftercare Hours if enrolled for Core Hours for that day. For families enrolled in Core Hours, our doors open at 7:30am. Infant Hours may differ, contact Play Frontier. Aftercare Hours begin at 4:30pm and end at 5:30pm.

Anticipated drop-off and pick-up times:



How did you hear about us?

We can't wait to get to know you! Please tell us a little about your family.

What are your hopes and dreams for your child's care and school experience?

Can you tell us about your child's progress in Potty Training?

-This info will help us support your child's potty training in a way that is consistent between school and home.



ENROLLMENT INFORMATION

Hello and welcome to Play Frontier's Center for Child Development! The following information is required for all enrolled students *by state law*.

The following documents are REQUIRED prior to your child's first day of attendance. Failure to provide this information and/or supporting documents means we are not allowed *by law* to watch your child.

- o Enrollment Form
- o Registration Information & Emergency Consent Form
- o Contract of Care
- o Photo Release
- o Fieldwork Authorization & Risk Waiver
- o Copy of Immunization Records or Signed Medical Exemption
- o Copy of State Certified Birth Certificate
- o Authorization for Medication Administration (sunscreen)
- o Authorization for Medication Administration (diaper cream, if applicable)
- o Food Program Eligibility (When Play Frontier runs the program)



CONTRACT OF CARE

I request that my Child, _____ will begin attending Play Frontier beginning on _____ if space is available.

I agree to the following:

1. Initial Registration Fee (non-refundable/non-transferable):

A non-refundable registration fee per student for \$150 is due upon intent to enroll. An additional first month's tuition payment will be required to reserve your space. *My deposit will not be refunded if I forfeit my place on the waitlist.*

2. Tuition Payment:

See Tuition Reference table for Tuition Rates.

Payments are due the 5th of the month prior. Payments are calculated based on the Tuition Monthly Rate but may also include any late fees accrued or approved Add-On Days. We accept card and auto-withdrawal through Playground, checks, and cash.

Tuition is considered late on the 6th, and a late fee of \$50 is applied. If Tuition is unpaid by the 1st of the month in which the Unpaid Tuition would have been covered, then the child will be removed from the attendance schedule, jeopardizing their spot for the parent's preferred days, and the Playground account will be placed on hold. Extended lateness of payment will jeopardize enrollment eligibility for your child, transitioning the Playground account from on-hold to Inactive. There is a minimum fee of \$35 for returned checks. If more than two checks are returned unpaid, only cash will be accepted.

3. Late Pick up Fee

A Late Fee of \$1 a minute will be automatically charged to the family Playground account beginning at 4:30pm for families signed up for Core Hours and 5:30pm for families signed up for Aftercare Hours. *This payment will be required to be paid alongside the upcoming Tuition charge which is due on the 5th of the month. Extended lateness of payment will jeopardize enrollment eligibility for your child, transitioning the Playground account from on-hold to Inactive.*

4. Withdrawal

Four full weeks written (Email, Playground Message acceptable) withdrawal notice is required to withdraw your child from the program. Payment is required for these four weeks even if the child is not actively attending. *Play Frontier reserves the right to terminate this contract for any reason. Two weeks notice will be given under unusual circumstances if approved by the Board of Directors. However, we also reserve the right to immediate termination of services under certain circumstances (i.e. children who are a threat to the safety of others, non-payment, etc.). If your family would like to re-enroll the Enrollment fee of \$150 will be charged for Intent to Enroll.*

5. Family Handbook

I have read and understand the policies and procedures as outlined in the current *Frontier Center For Child Development Family Handbook*.

Parent/Guardian Signature

Date



REGISTRATION INFORMATION

Child's Name	Date of Birth
Child's special needs, chronic medical conditions, allergies, and/or long-term medications: <i>If your child is currently on an IFSP or IEP, or currently receiving intervention services, please indicate that here</i>	
Parent/Guardian 1 Name:	Cell Phone:
Email Address:	Authorized for Pickup?
Employer	Work Phone
Home & Mailing Addresses:	Home Phone
Parent/Guardian 2 Name:	Cell Phone:
Email Address:	Authorized for Pickup?
Employer	Work Phone
Home & Mailing Addresses:	Home Phone
Other adult(s) authorized to pick up child from child care and operate as an emergency contact: <i>Please include one additional out-of-state contact for emergencies</i>	
Name(s), phone, and at least one address: 1. 2. 3.	



EMERGENCY CONSENT

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. In the event of a medical emergency, this form should accompany your child to the hospital so medical treatment can be rendered. You are encouraged to keep extra copies of this to share with other caregivers as well.

I/We hereby authorize Play Frontier to transport and/or authorize emergency medical treatment that may be required for our child during our absence.

Signed, parent/guardian

Date

Child's Name	Date of Birth
Chronic Illnesses:	
Allergies:	
Current Medications:	
Other Health Information:	
Physician:	Phone:
Dentist:	Phone:
Health Insurance Company	
Member Number:	Group Number:
Primary Contact Parent/Guardian Name:	Phone:
Secondary Contact Parent/Guardian Name:	Phone:
Date of Last Physician Visit:	

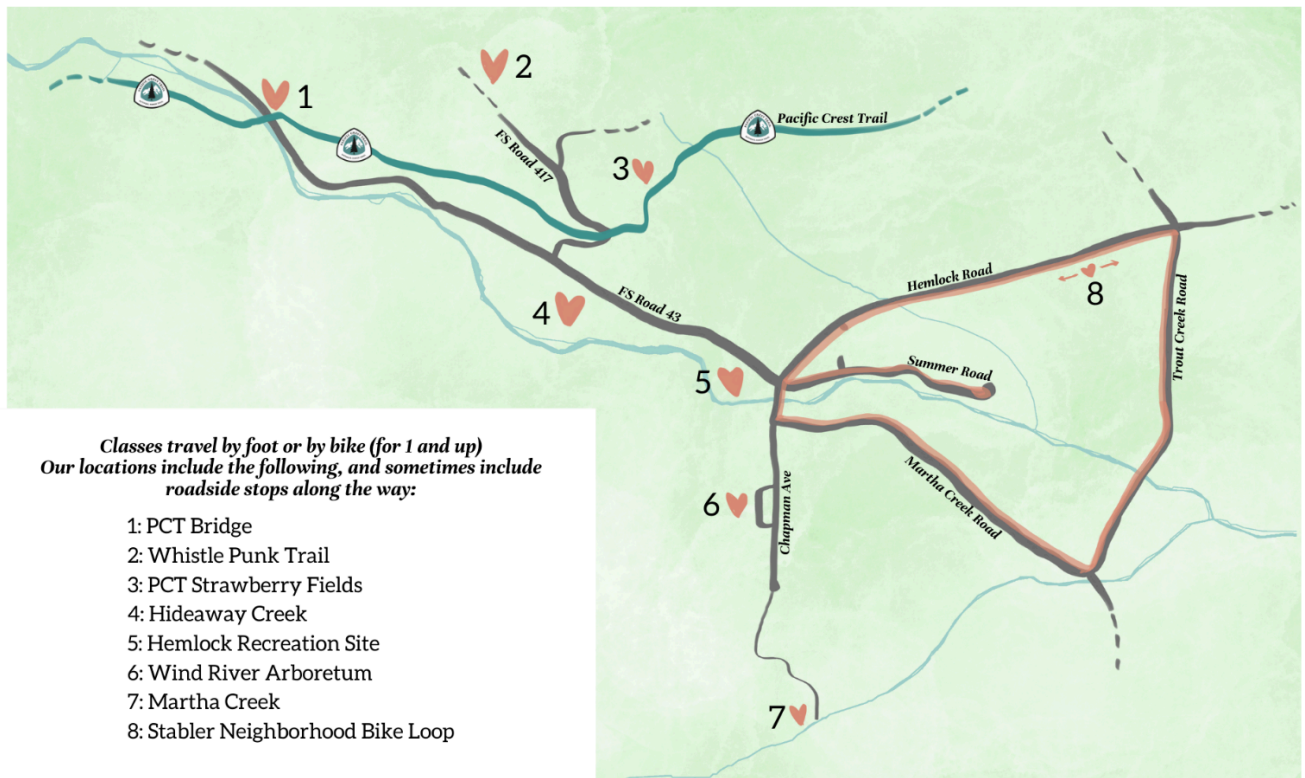


FIELDWORK AUTHORIZATION

As part of our nature playschool, we spend time outside the classroom walls and outside the Play Frontier fence. In fact, any time we leave our licensed childcare space (the school building and accompanying yard area) it is legally considered a ‘field trip.’ We call these walking adventures our *Fieldwork*.

We require your permission to walk with your child beyond the fence to our frequent fieldwork sites, listed below, and any forest service roads along the way. If your child is younger, we require your permission to walk with them off campus on foot, in a stroller or backpack, or via ‘Bunch Bike,’ our 6-seater bus-style bicycles. These field trips do not require any form of motorized transportation. Frontier Caregivers will inform families of the location for the day’s fieldwork via written note prior to departure, either the night before or the morning of. Any last-minute location changes will be communicated via Playground.

PLAY FRONTIER FIELDWORK LOCATIONS



Any travel to new locations will include an individual field trip form and at least 24 hours notice to prepare accordingly.

I have read the above description and map, and give my consent for my child to participate in these fieldwork activities.

Child’s Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



FIELDWORK AND TRAINING RISK WAIVER

Play Frontier values empowering our children through healthy risk and individual risk assessment. We believe that helping children navigate a ‘risky’ environment not only teaches them how to assess their OWN risk, and empowers them to take agency over their own body and safety. At Frontier Center for Child Development, we separate *risk* from *hazard*. *Risks* require children to be careful and mindfully navigate their world, whereas *hazards* pose a threat of serious bodily harm. It is our duty as caregivers to avoid all potential hazards when working with children.

There are inherent risks associated with our fieldwork adventures, as well as inherent risk on campus as we prepare students for the responsibility of hitting the trails. Frontier’s caregivers afford all ages to engage in healthy risk, whether that is allowing an infant to dip their fingers in a chilly bowl of water, allowing a toddler to experience a rainstorm without a coat, or allowing a preschooler the chance to use the ladder to reach the book they’ve been looking for all morning. In each of these scenarios, the children hold the power to choose to engage in the risk or not, and the caregiver is close by to support them should things not go as planned. Caregivers will never under any circumstances force a child to take a risk they have not chosen independently.

I acknowledge that my child will attend school with access to an outdoor environment, and may be exposed to the following:

- Domestic or wild animals
- Poisonous and venomous species including insects and plants (poison oak, wild mushrooms)
- Allergens and items commonly associated with allergies (animal dander, plant pollen, nuts, etc)
- Inclement weather exposure, including sun, wind, snow, rain, sleet, heat, smoke, earthquakes, and other weather-related conditions.
- Hazardous materials such as garbage, broken glass, or any other materials left behind in public parks

I recognize that my child may engage in age-appropriate permitted activities including:

- Hiking or strolling on public trails, sidewalks, access roads, and paths
- Accessing bodies of water such as Trout Creek or seasonal spring runoff creeks
- Campfires in designated areas, monitored by staff at all times. This includes the use of a camp stove or barbecue.
- Tree climbing, as permitted under the supervision of staff, adhering to any rules or regulations of the public specific to our location.
- Climbing on objects that include but are not limited to logs, rocks, and stumps
- Jumping from appropriate heights without the use of a fall zone when in the field
- Manipulating real tools, including hammers & nails, saws, hand drills, hot glue guns, permanent markers, ropes, scissors, child-safe kitchen tools, and more with appropriate adult instruction and supervision.
- “Puppy play,” also called rough-and-tumble play, including but not limited to tumbling, wrestling, rolling, and running.
- Foraging for, harvesting, and eating plants both in the wild and from our own community garden.
- Playing with, building with, and using sticks, pallets, cable spools, larger wood planks, stumps, and other “loose parts” deemed appropriate by our caregivers
- Creating inclusive environment with children whose background, behavior, developmental ability, and home culture may differ from my own child’s
- Developing body awareness and senses through activities such as walking barefoot and using all our senses safe observation of the world around us.
- *For infants and toddlers:* spending time outside includes using all five senses to interact with weather, nature, and the elements for appropriate periods of time. Taking off a hat to feel the raindrops is plenty risk for us littles



I acknowledge that fieldwork in public parks may include potential hazards such as:

- Shared use of public space (trails, beaches, meadows, picnic areas)
- Interacting with the general public
- Toileting and hand washing in a publicly serviced restroom
- Hand washing in the field may have limited access to running or clean water and may include the use of hand sanitizer when no other options are available

I acknowledge traveling via “Bunch Bike” cargo bike includes these safety precautions:

- All children and adults will wear age-appropriate helmets at all times.
- Children 6-18 months, up to 44 lbs, will use the ‘toddler seat’ insert, children up to 6 years or 48.5lbs are able to use the ‘Yepp Maxi’ seats.
- Only trained adults will steer/captain the bikes.
- All children will use the appropriate 5-point harness while riding the bikes, either on the bench itself or in an age-appropriate seat.

By signing this document, I as the parent or guardian of the child listed below fully understand the risks of fieldwork and Play Frontier’s outdoor classroom. I will contact my child’s primary caregivers or the Director with any concerns. I have read the above waiver and agree to allow the child listed below to attend and fully participate in any and all of the above listed activities under the supervision of Play Frontier Caregivers who have been trained in risk policies and procedures. Play Frontier’s Risk Management Policies & Procedures Manual is available upon request.

Child’s Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



PHOTO RELEASE

As part of our care program, we take photographs and videos of children in action as they participate in classroom activities, fieldwork, special events, etc. We mainly use these photographs as a teaching tool to document developmental milestones and learning, as well as for journaling our time together. *Please indicate your consent to the following by adding initials on the line:*

_____ I give consent for Play Frontier to use photographs of my child internally for classroom use, displays, bulletin boards, and documentation so that each child sees themselves reflected in their classroom. By signing this, I will receive photographs of my child through Playground so that I may see photos of my child while they are under the care of Play Frontier.

_____ I give consent for Play Frontier to use photographs of my child to be shared publicly as part of Play Frontier's pamphlets, brochures, curriculum, social networking, and marketing information pertaining to the program. In any use of these images, names and other personal information will NOT be identified.

I have read the above description and give my consent for the use of my child's images as indicated above.

Child's Name (please print): _____

Parent/Guardian Signature: _____ Date: _____



VOLUNTEER APPLICATION

Play Frontier welcomes you! We ask for volunteers for special events, community builds, celebrations, and adventures... although the best volunteer is one who can visit, be present, and PLAY with the children!

Regular volunteers in childcare, meaning people who volunteer their time during hours of operation while children are present, are required in the state of Washington to complete an online background check through the MERIT system. Additionally, volunteers are required to complete a TB test and send the results to Play Frontier.

Volunteer Policies

As a volunteer caregiver at Frontier Center for Child Development, I agree to the following:

- I. I understand that as a volunteer, my job is to support and encourage children and their caregivers.
- II. I understand that, as a volunteer, I will NOT be responsible for assisting children with diapering, potty training, or in the bathroom. Should a child need assistance of this nature, I will ask a staff member for help.
- III. I understand that in the course of my volunteer time with Play Frontier, I may become aware of confidential information about specific children, which may include information such as behavior, health, disabilities, and related matters. I understand and agree that I will not disclose such confidential information except to Frontier employees who have a need to know.

Signature: _____ Date: _____



WELCOME SURVEY

Child's Name: _____

We regularly use email for updates, reminders, and news. Please list all of the email addresses of people we should add to this list (nannies, grandparents, and anyone who regularly does pick up is also a good idea!):

Who lives at your house, and what is their relation to the child?

Do you speak any additional languages at home?

Does your child have any allergies or dietary restrictions?

Does your child take naps at home? Is there anything special we need to know about your naptime routines?

What is your child's favorite activity?



What is your child's least favorite activity?

What are your child's strengths?

Does your child have any fears we should know about?

How does your child feel about coming to Frontier?

Is there anything that he or she is especially looking forward to doing or trying at Frontier?

What do you hope your child gets out of his or her care experience?

Is there anything else you'd like us to know about your child or your family before beginning the school year?



MEDICATION PERMISSIONS

Washington State licensing requires specific permission from families for applying ANY and ALL medications. The following are common daycare items that would need separate Authorization for Medication Administration permission forms:

- Sunscreen
- Diaper Cream
- Tylenol (for teething)

Play Frontier uses a communal sunscreen, ThinkBaby or ThinkKids SPF50, for all the children. It is easier for us to keep track of and apply quickly if it's all coming from the same tube! We also acknowledge that each family has preferences for sunscreen use and will gladly apply something different at your request. The following forms are for sunscreen (if desired), and any additional frequent or emergency medications we should have on hand.



AUTHORIZATION FOR MEDICATION ADMINISTRATION

Child's Name		Date of Birth
Name of Medicine: Sunscreen (We use ThinkBaby or ThinkKids SPF 50 sunscreen)	Dose: Apply topically to exposed skin.	
Time(s) to Give Medicine: Before extended periods in direct sunlight		
Date to Start Medicine:	Date to End Medicine: (not to exceed 1 year)	
Known Side Effects to Medicine:		
Additional Notes:		
Prescribing Health Professional Name:	Phone:	

I hereby give permission for Play Frontier to administer the medication as prescribed above.

Parent/Guardian Name (please print): _____ Date _____

Parent/Guardian Signature _____ Date _____



AUTHORIZATION FOR MEDICATION ADMINISTRATION

Child's Name		Date of Birth
Name of Medicine:	Dose:	
Time(s) to Give Medicine:		
Date to Start Medicine:	Date to End Medicine: (not to exceed 1 year)	
Known Side Effects to Medicine:		
Additional Notes:		
Prescribing Health Professional Name:		Phone:

I hereby give permission for Play Frontier to administer the medication as prescribed above.

Parent/Guardian Name (please print): _____ Date _____

Parent/Guardian Signature _____ Date _____