



# New Member Forms- Child File Checklist

## Must have before or on the first day:

- Emergency Contact/ Parental Consent Form – Filled out to entirety
- Tuition Agreement
- Child Pick-up Authorization
- Photo Release Form
- Diaper Cream / Sunscreen Permission
- Handbook Acknowledgment of Receipt
- All About Me
- Gym Liability Waiver
- Health Assessment & Immunization Record

## When needed:

- Child Care Medication Authorization Form

# All About Me!

Hi! My name is \_\_\_\_\_!

My Birthday is \_\_\_\_\_.

I have \_\_\_\_\_ brother(s) and \_\_\_\_\_ sister(s) and their names are

\_\_\_\_\_.

We have \_\_\_\_\_ pet(s) at home and they are

\_\_\_\_\_.

My very favorite thing to play with at home is

\_\_\_\_\_.

My very best friend is

\_\_\_\_\_.

The things my family loves to do together most are

\_\_\_\_\_.

At home, this is how much I usually nap

\_\_\_\_\_. And when I wake up I usually feel

\_\_\_\_\_.

My favorite food to eat is \_\_\_\_\_, but I never, ever want to eat

\_\_\_\_\_!

Our favorite books to read, as a family, are

\_\_\_\_\_.

The most recent thing I learned to do is

\_\_\_\_\_.

Another thing you really should know about me is

\_\_\_\_\_.

\_\_\_\_\_.

\*At C&M Play Studio we are a community and would like to include your whole family! Please attach a family photo we can display on your child's classroom walls, or email it to

[cmplaystudio@gmail.com](mailto:cmplaystudio@gmail.com). Thank you!

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & .182

<b>CHILD'S NAME</b>		BIRTHDATE
ADDRESS		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE





# Tuition Agreement- Infant – Two Years (Full Time)

My child, \_\_\_\_\_ is enrolled for the following program(s):

\_\_\_\_\_ Full Time Care/Preschool - \$340/week for the Hours of Monday-Friday 7am-6pm.

\_\_\_\_\_ Sibling Discount - Full Time Care/Preschool - \$325/week for the Hours of Monday-Friday 7am-6pm.

The following additional items are considered extra and will be added to your tuition:

\_\_\_\_\_ Pizza Day - \$5/week to be held on Wednesdays

\_\_\_\_\_ Extended Hours - \$12/hour. These would include any time from 6am-7am and 6pm-8pm and would need to be signed up for in advance.

We understand that parents need to have flexibility in their schedules, however, the following times are our usual drop off and pick up times:

Drop Off \_\_\_\_\_

Pick Up \_\_\_\_\_

Registration Fee - \$65 annual fee per child (non-refundable)

Weekly Childcare tuition payment due the Friday BEFORE care each week.

Monthly tuition payment due the 5<sup>th</sup> of each month.

- The parent/guardian agrees to be responsible for the agreed upon tuition payment.
- A \$5.00 per day late fee will be added for every day late. There is a great possibility of termination when a payment is due beyond a period of seven days.
- The parent/guardian understands that scheduled days are established by the Preschool/Childcare Center. Fees will not be waived or refunded for school days missed due to family vacations, illnesses, holidays, or for any other day.
- By signing this tuition agreement, I understand, and I will abide by the terms and conditions for this center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Complete Address:

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Application Date \_\_\_\_\_

Admission Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_



# Tuition Agreement- Infant – 2 Years (2 Days)

My child, \_\_\_\_\_ is enrolled for the following program(s):

\_\_\_\_\_ Two Day Care/Preschool - \$185/week for the Hours of Monday-Friday 7am-6pm.

\_\_\_\_\_ Sibling Discount – Two Day Care/Preschool - \$175/week for the Hours of Monday-Friday 7am-6pm.

The following additional items are considered extra and will be added to your tuition:

\_\_\_\_\_ Pizza Day - \$5/week to be held on Wednesdays

\_\_\_\_\_ Extended Hours - \$12/hour. These would include any time from 6am-7am and 6pm-8pm and would need to be signed up for in advance.

We understand that parents need to have flexibility in their schedules, however, the following times are our usual drop off and pick up times:

Drop Off \_\_\_\_\_ Pick Up \_\_\_\_\_

Registration Fee - \$65 annual fee per child (non-refundable)

Weekly Childcare tuition payment due the Friday BEFORE care each week.

Monthly tuition payment due the 5<sup>th</sup> of each month.

- The parent/guardian agrees to be responsible for the agreed upon tuition payment.
- A \$5.00 per day late fee will be added for every day late. There is a great possibility of termination when a payment is due beyond a period of seven days.
- The parent/guardian understands that scheduled days are established by the Preschool/Childcare Center. Fees will not be waived or refunded for school days missed due to family vacations, illnesses, holidays, or for any other day.
- By signing this tuition agreement, I understand, and I will abide by the terms and conditions for this center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Complete Address:

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Application Date \_\_\_\_\_

Admission Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_



# Tuition Agreement- Infant – 2 Years (3 Days)

My child, \_\_\_\_\_ is enrolled for the following program(s):

\_\_\_\_\_ Three Day Care/Preschool - \$240/week for the Hours of Monday-Friday 7am-6pm.

\_\_\_\_\_ Sibling Discount – Three Day Care/Preschool - \$230/week for the Hours of Monday-Friday 7am-6pm.

The following additional items are considered extra and will be added to your tuition:

\_\_\_\_\_ Pizza Day - \$5/week to be held on Wednesdays

\_\_\_\_\_ Extended Hours - \$12/hour. These would include any time from 6am-7am and 6pm-8pm and would need to be signed up for in advance.

We understand that parents need to have flexibility in their schedules, however, the following times are our usual drop off and pick up times:

Drop Off \_\_\_\_\_

Pick Up \_\_\_\_\_

Registration Fee - \$65 annual fee per child (non-refundable)

Weekly Childcare tuition payment due the Friday BEFORE care each week.

Monthly tuition payment due the 5<sup>th</sup> of each month.

- The parent/guardian agrees to be responsible for the agreed upon tuition payment.
- A \$5.00 per day late fee will be added for every day late. There is a great possibility of termination when a payment is due beyond a period of seven days.
- The parent/guardian understands that scheduled days are established by the Preschool/Childcare Center. Fees will not be waived or refunded for school days missed due to family vacations, illnesses, holidays, or for any other day.
- By signing this tuition agreement, I understand, and I will abide by the terms and conditions for this center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Complete Address:

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Application Date \_\_\_\_\_

Admission Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

# CHILD PICK UP AUTHORIZATION

I, \_\_\_\_\_, authorize C&M Play Studio to release my child(ren) to the person(s) designated. This is in consonance with the C&M Prep Emergency Plan.

Child's Name

Designated Custodian(s), Name & Relationship

---

---

---

---

---

---

---

---

Your Signature

Relationship

Date

Print Name

Address

Home Phone

Work

Cell



# Child Care Medication Authorization Form

Name of child: \_\_\_\_\_ D.O.B \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_

Route:            Oral            Topical            Inhaled            Injection            Other

Date to Start: \_\_\_\_\_ Date to stop: \_\_\_\_\_ Expiration: \_\_\_\_\_

Additional Instructions/Comments: \_\_\_\_\_

Known side effects \_\_\_\_\_

## For Prescription Medication

Prescribing Health Care Provider: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## For Controlled Substances

Amount of Medication Received: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_

I authorize C&M Play Studio personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have give the first dose of this medication without any allergic or unexpected reactions.

Parent/guardian printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

## Return or disposal of medication

Return Date: \_\_\_\_\_ Parent signature: \_\_\_\_\_

Disposal Date: \_\_\_\_\_ Parent signature: \_\_\_\_\_

Witness to Disposal: \_\_\_\_\_



## Diaper/Sunscreen Permission Form

Child's Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

I, \_\_\_\_\_ (Parent's name) give the staff of C&M Play Studio permission to use \_\_\_\_\_ (Product Name) on my child for sunscreen or other skin condition. I have used this product previously without any adverse reaction to my child's skin.

Instructions from parents regarding application:

---

---

---

---

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*For Staff use:  
Expiration Date: \_\_\_\_\_



## Photo Release Form

I, \_\_\_\_\_, the parent of a child/children at C&M Play Studio agree to the following:

I understand that my child, \_\_\_\_\_, may be photographed at C&M Play Studio during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

With my signature below I grant permission for my child to be photographed, or their images recorded for print or electronic use in promoting C&M Play Studio's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **WAIVER AND RELEASE OF LIABILITY**

**IN CONSIDERATION OF** the risk of injury that exists while participating in GYM CLASSES (hereinafter the "Activity"); and

**IN CONSIDERATION OF** my desire to participate in said Activity and being given the right to participate in same;

**I HEREBY**, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

**I HEREBY** release and forever discharge C&M PLAY STUDIO, located at 200 Merchant Ln, Pittsburgh, Pennsylvania 15205, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.**

**I FURTHER AGREE** to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

**I FURTHER ACKNOWLEDGE** that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize C&M Play Studio to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

**I FURTHER ACKNOWLEDGE** that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the C&M Play Studio official or agent, regarding my approval to participate in the Activity.



I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE C&M Play Studio AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST C&M Play Studio FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of C&M Play Studio, its agents, and employees.

I agree that this Release shall be governed for all purposes by Pennsylvania law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, \_\_\_\_\_ and C&M Play Studio agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact

Contact Relationship

Contact Telephone

---

---

---

**PARENT / GUARDIAN WAIVER FOR MINORS**

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

**I HEREBY CERTIFY** that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent / Guardian Name:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

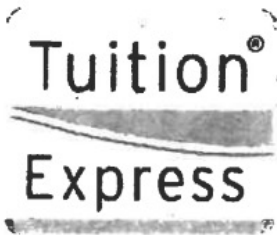
**I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.**

**Participant's Name:** \_\_\_\_\_

**Participant's Address:** \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



\*Note: The CC option will have a fee. The bank account option does not

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date

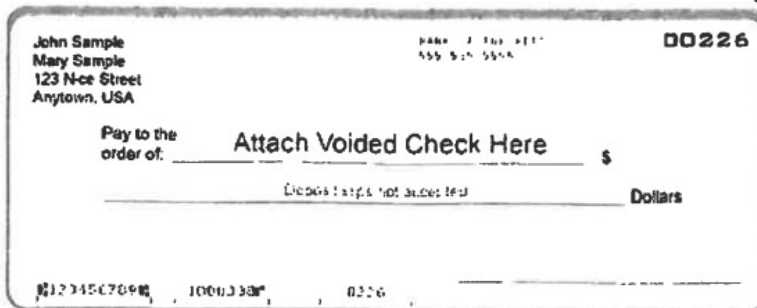
SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings

Authorized Signature, Date

For Official Use Only

Form fields for official use: Date Received, Employee Signature



A service of



procure SOFTWARE

Routing Number, Account Number, Check Number