



Nationally Accredited by NAEYC's  
National Academy of Early Childhood Programs  
Program #478417

## REQUIRED FORMS FOR ENROLLMENT

Family Contract  
Health Form  
Emergency Card  
Permission Form  
Permission to Administer  
Non-Prescription Medication  
Medical Care Plan



**FAMILY CONTRACT**  
**School Year 2024/2025**

**I, (Print your name) \_\_\_\_\_ understand the Payment Policy and agree to accept responsibility for payment of all fees and that there are no tuition refunds in the event of a family withdrawing from the program. I agree to read the Family Handbook and promise to abide by all the policy requirements of the school. Additionally, I acknowledge that prior to enrollment; the school's Discipline Policy was discussed with me.**

**Parent Code of Conduct**

Part of ensuring our preschool community is thriving means that everyone is working together for the benefit of the children, families, staff and the organization. Respectful, kind and compassionate communication is essential. If a parent's (or guardian's) or other family member's behavior, communications, or interactions on or off property is disruptive, intimidating, overly aggressive, or reflects a loss of confidence or a disagreement with the Preschool's policies, methods of instruction, discipline, or otherwise interferes with safety procedures, responsibilities, or accomplishment of our educational purpose or program, the program reserves the right to dismiss the family or family member from the school program.

**Payment Policy**

If tuition payments are not received within 7 days of the invoice due date, a \$50 late fee will be charged. If tuition payments have not been received within 14 days of the due date, your child may not be allowed to attend school until all past due payments have been deposited. If payment is returned by the bank for any reason, the customer is responsible for the payment as well as any fees incurred by Five Mile River Nursery School. If you need to work out an individualized payment arrangement, please speak with the Director.

**Withdrawal Policy**

If a family needs to withdraw their child from FMRNS for any reason, please give 30 days' notice of the withdrawal. Your family has made a commitment to the Five Mile River Nursery School and it's staff. Your child has occupied a registration space and as a result other children may have been turned away. Therefore, if your family chooses to withdraw for any reason, you accept any and all financial risk. Your family understands that your child's vacated spot may not be able to be filled, and you will be responsible for full payment of the tuition for the school year. A pro-rated refund will only be considered if the vacated spot can be filled. If the vacated spot is filled, the refund will be prorated to the start date of the new family, not the last date your child attended.

There is also no reimbursement in the case of absence because of illness, weather, or other cause. It is agreed that the school may, in its absolute discretion, abrogate this contract at any time, at which time the parents will be liable for the prorated tuition, and thereafter, all liabilities hereunder shall cease.

## **Disenrollment Policy**

Every effort will be made to meet a child's needs. We do not consider exclusionary measures until all other possible interventions have been exhausted. If both family and staff come to the mutual agreement that the school is unable to meet the needs of the child, and that it is in the best interest of the child, only then will the child be disenrolled. This policy is communicated to all families and staff.

There is a period of "provisional enrollment," of **60** school days, during which time family, staff and children are able to assess whether the school will satisfy the needs of all concerned. Our goal with this policy is to limit or eliminate the use of suspension, expulsion or any other exclusionary measures.

We will make every effort to use Scientifically Researched Based Intervention strategies to address challenging behaviors any child may display. We may also pull in any of our Consultants (See Family Handbook pages 42-43) for resources and advice. However, we reserve the right to exclude a child at any time we deem necessary. Reasons for exclusion include, without limitation, the following:

- Excessive disruptive behavior by the child or family
- Excessive and continuing injuring of other children, adults or property
- Failure to pay tuition on time, or failure to abide by any terms of this contract
- Excessive lateness in picking up the child
- Any other inappropriate conduct, to be determined in our sole discretion

However, we reserve the right to expel the child immediately and without notice under appropriate circumstances, to be determined in our sole discretion and so that our program complies with all federal and state civil rights laws. The Five Mile River Nursery School will make every effort to assist the family to access services and alternative placement.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Parent or Legal Guardian)**

Payments may be received by credit card with a 3.5% convenience fee.

Tuition checks should be made out to the Five Mile River Nursery School and mailed to 5 Pennoyer Street, Rowayton, CT 06853, Attn: Administrative Coordinator.

You may also hand deliver your check directly to the nursery school office or pay your invoice via the Brightwheel portal.

Please provide the email address (es) where invoices should be sent:

Email: \_\_\_\_\_



**EMERGENCY CARD**  
**School Year: 2024/2025**

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Child's address \_\_\_\_\_ Main phone \_\_\_\_\_

Date child entered program (mm/dd/yy) \_\_\_\_\_ Cell/work phone \_\_\_\_\_

Child's home language: \_\_\_\_\_ Translation needed? Y/N \_\_\_\_\_

Email: \_\_\_\_\_ CC Email: \_\_\_\_\_

1. Family's Name & Home Address (if different) \_\_\_\_\_ Main phone \_\_\_\_\_

2. Family's Name & Home Address (if different) \_\_\_\_\_ Main phone \_\_\_\_\_

1. Family's Employer (include street address & zip code) \_\_\_\_\_

\_\_\_\_\_ BUS. phone \_\_\_\_\_

2. Family's Employer (include street address & zip code) \_\_\_\_\_

\_\_\_\_\_ BUS. phone \_\_\_\_\_

ALTERNATE: Persons, other than family members, who live nearby to be called to in case of emergency and authorized to pick up and transport your child.

1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2 Name: \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_ Immunizations up to date? Y/N \_\_\_\_\_

Hospital preferred \_\_\_\_\_ Insurance Policy Number \_\_\_\_\_

OTHER SIGNIFICANT MEDICAL INFORMATION \_\_\_\_\_

Child's dentist name & address \_\_\_\_\_ Phone \_\_\_\_\_

I give permission to Five Mile River Nursery School to make whatever emergency, (e.g., first aid, disaster evacuation) measures as judged necessary for the care and protection of my child (name) \_\_\_\_\_ while under the supervision of the School/Center.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource, (police, rescue squad) deems it necessary. The child will be transported at the expense of \_\_\_\_\_ (Family)

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the family, child's physician, and/or other adult acting on the family's behalf.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_



**PERMISSION AGREEMENT**  
**School and Camp Year 2024/2025**

- A. I/we grant permission for my child to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here. \_\_\_\_\_.
- B. I/we grant permission for my child to leave the school premises under supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.
- C. I/we grant permission for my child to be included in evaluations, pictures, and publicity connected with the center's programs. Publicity photos may include unidentified photos used on the school website, Facebook Fan Page, or community website. Please provide your preferred email address: \_\_\_\_\_
- D. I/we grant permission for the program to post information about my child's allergy(ies) in food preparation areas and all other areas in the program facility the child uses to be used as a visual reminder to all those who interact with my child during the program day.
- E. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:
- Administer first aid
  - Attempt to contact the family or guardian.
  - Attempt to contact the child's physician.
  - Attempt to contact the family through any of the people listed on the emergency information card completed for the Center. (Note: It is the family's responsibility to keep this card up to date.)
  - If we cannot contact the family or the child's physician, we will call 911 for further guidance.
  - Any expenses incurred will be borne by the child's family.
- F. The school will not be responsible for anything that may happen as a result of false or incorrect information given at the time of enrollment.
- G. The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.
- H. I/we acknowledge that the behavior management/discipline plan has been discussed at the Family Meeting, supplied to me in the Family Handbook, and reviewed prior to enrollment.
- I. After review of my child's developmental assessment (CT DOTS and ASQ), I/we grant permission for my child's teachers to communicate confidentially with any receiving school about the information contained in the report, for the purposes of educational planning for the needs of my child.
- J. For children aged 32-36 months old: I agree to allow my child to participate in the FMRNS Camp and/or Preschool Program where my child will interact with children ages 3 to 5 years with child to teacher ratios not to exceed 10 to 1. I understand that the policies and procedures that are applied to children that are three years old will be applied to this child, including but not limited to the ratio of staff to children and group size.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Family or Legal Guardian)**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Director)**



**ALTERNATE PICK-UP PERMISSION FORM**  
**School and Camp Year 2024/2025**

OPTIONAL ALTERNATE PICK-UP PERMISSION FOR \_\_\_\_\_

(Child's Name)

I/WE GIVE PERMISSION FOR THE FOLLOWING PEOPLE TO PICK UP MY CHILD AT ANY TIME:

Name	Telephone #	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**FAMILIES PLEASE NOTE:**

1. A picture ID is required for anyone picking up your child. Please upload a photo of yourself, your child, and any approved persons picking up your child to BrightWheel.
2. If any of the approved persons come in to pick up your child, we will release your child to them, provided they have proper identification, as they have already been approved by your signature below. However, we would prefer prior notification as an extra precaution.
3. If there is any change in this pick-up agreement, it is the family's responsibility to notify the school of the change.
4. Families should add all approved pickups and upload their photo to the BrightWheel App and make sure each person has downloaded the app.

I have read and agree to the requirements to allow the above person(s) to pick up my child at any time.

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

**( Family or Legal Guardian)**

No one will be allowed to pick up your child without prior written permission



**ADMINISTRATION OF NON-PRESCRIPTION TOPICAL MEDICATIONS**  
**School Year 2024/2025**

**To Childcare nurse, director or teacher:**

I hereby request that the following non-prescription topical medication be administered by my child under the supervision of a staff member of the childcare facility. I understand that I must supply the childcare center or group home with the non-prescription topical medication in the original container labeled with my child's name, the name of the medication and the directions for the medication administration.

This authorization is limited to the following topical medications: Separate form required for each medication

1. Non-prescription skin lotion.
2. Non-prescription insect repellants.
3. Non-prescription sunscreen protectants that are free of amino benzoic acid (PABA) or its derivatives.

Name of child \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Medication:

Name, method of administration, area of application \_\_\_\_\_

Schedule of administration \_\_\_\_\_

Medication shall be administered: From: \_\_\_\_\_ To \_\_\_\_\_  
(Date) (Date)

Reason for which medication is being administered \_\_\_\_\_

I have administered at least one application of the above medication to my child without adverse side effects.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(parent/legal guardian)

**Printed Name of Family/Guardian:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_



Please contact the school for appropriate permission forms if you require any prescribed medications to be administered by school staff. No prescription medication will be administered without fully completed, signed and staff-reviewed forms on file at the school.

Note that your child may not attend school without his/her necessary medications and permissions to administer.

**FOR STAFF TO COMPLETE:**

Family authorization form and medications received by

Signature of staff \_\_\_\_\_

Medication started \_\_\_\_\_  
Date and time

Medication completed \_\_\_\_\_  
Date and time





## Medical Care Plan

(To be filled out by the parent and reviewed by the classroom teacher and program administrator  
for any medical assessment need indicated on health form)

Child's Name		
Date of Birth		
Medical Condition		
Signs and Symptoms		Plan of Action:
1.		
2.		
3.		
4.		
5.		
6.		
Monitoring		
Signature of Parent		Date:
Please print name		
Parent Contact Information	Phone:	Alternate Phone:
Other Emergency Contact	Name/Relationship:	Main Phone:
Other Emergency Contact	Name/Relationship:	Main Phone:
Signature of Teacher		Date:
Print name and classroom		
Signature Administrator		Date:
Please print name and title		