



Pre-Registration Form

CHILD INFORMATION

Child's full name: _____

Child's DOB: ____/____/____ Child's Gender: Male___ Female ___

Enrollment Date (today's date): ____/____/____

Start Date (first date child will attend class): ____/____/____

Classroom: Nursery _____ Preschool _____

Schedule (please write times next to each day your child will be attending): 8am-12pm OR
9am-12pm

Monday: ___ Tuesday: ___ Wednesday: ___ Thursday ___ Friday: ___

PARENT INFORMATION

Parent's full name: _____

Parent's email address: _____@_____.com

Parent's Address:

Parent's Phone number: (___) _____ - _____

Daily Rate: \$ _____

2 Week Security Deposit Amount: \$ _____

Registration Fee: \$75.00

Total Amount Due: \$ _____

Payment method: Check___ Cash___

Payment date: ____/____/____

X _____
(admin signature)

Welcome Letter - Understanding Our Policies

Dear Beach Families,

Welcome! This letter serves as a welcome introduction to our school and our current policies. Everything we do at our Beach Family Schools is for the growth and betterment of our children and we work day in and day out to ensure our children get the best education and nurture we have to offer here. Early learning is incredibly important and paves the way for learning at school and throughout life. What children learn in their first few years of life - and how they learn it - can have long-lasting effects on their success and health as children, teens, and adults.

Initialing below means you accept and understand our policies and terms.

Please initial below:

Closed Dates

_____ For a majority of the school year, we follow the Long Beach Public School Calendar. Our closed dates, aside from holidays and emergency closures, are so teachers can recharge and avoid burnout. Our teachers work incredibly hard to provide a safe, educational, and loving environment for the students, and ensuring their health and happiness is one of our foremost concerns.

Paying Staff

_____ We have extra staff members such as an extra assistant, floater, educational and behavior consultants so we can provide enriching lessons and phenomenal safety and care for the students. We pay our staff above minimum wage because they are valued here. We are not a normal "Daycare"/early learning center, we do not babysit, we educate in an age appropriate enriching environment. Every staff member hired is expected to put the students first, and each has an important role to play in supporting our school.

School Climate

_____ If our staff feels disrespected or it is not a right fit, we have the right to terminate a family's enrollment in our school. We expect everyone to be respected, valued and treated fairly while enrolled here, and it goes both ways. We do not refuse or "kick out" children for behaviors that we can contain and control, but are compassionate and work with families, have meetings, and create action plans to support the child, the family, staff, and program. We are huge on communication, so although we don't change our set policies, we do encourage suggestions/communication in a respectful manner. We are setting an example to our children and society by the way we communicate. Our policies and expectations are clear, and we will take action if we feel they are not being respected or followed. We hope you understand the importance of this.

How Do We Bill?

_____ Tuition plans have been calculated taking all of the dates into account and dispersed evenly throughout the year. This is done so that we are still able to pay our staff, extra staff members, salaries, website designer, cleaning services, security cameras, CPR/trainings, consultant fees, the Himama app., academic materials, extra expenses for field trips, supplies, monthly utilities, insurance taxes, repairs, maintenance, rent and other expenses to keep the school running.

Payment Policy

_____ You must pay your daily rate x the amount of days enrolled for the month regardless of personal vacation time, school vacation time, occasional sickness, start date, or any other reason, such as a natural disaster/acts of god, state lockdown, public health emergency, or any other unforeseen circumstances. Every month has a different number of enrollment days and this will affect your monthly tuition. Care is given and paid for on a month-to-month basis. You cannot leave in the middle of the month and/or before or after holiday breaks/school vacations/personal vacations and/or sickness and for any other unforeseen situations. You are responsible to pay for a full month. Payment for the month is due before the first week of attendance for the month, and if payment is not submitted before the month starts, your child cannot attend school until payment is made.. You are paying for your child's enrollment spot to be held, regardless of if you use the day you enrolled on or not.

Security Deposit Policy

_____ You cannot leave in the middle of the month and/or before or after holiday breaks/school vacations/personal vacations and/or sickness. You are responsible to pay a full month. You must pay this amount in full regardless of personal vacation time, school vacation time, occasional sickness, or any other reason, such as a natural disaster/acts of God, state lockdown, public health emergency, or any other unforeseen circumstances. Your deposit & registration fee are non-refundable for any reason. You understand that a 2-week notice is required to receive your security deposit back for the business to financially prepare for a change in roster. You understand that your deposit can be used to cover your last 2 weeks of care, or will be returned to you if 2 weeks prior notice is given before your child leaves the program. Prior notice is defined as: in writing by mail, HiMama message, email, or a call 2 weeks before your child's last day in the program. We require two weeks' notice to financially prepare for a change in roster - we are responsible for ensuring our excellent staff are paid on time and all materials/resources needed for the children are collected. We do not offer any exceptions to this policy.

Why don't we offer makeup days?

_____ We typically have full enrollment and we cannot allow make-ups for some students and not others, as that will lead to us having to choose who deserves to take the day and who doesn't, which isn't fair for the children, families, or school. We have to maintain our child to teacher ratio and we cannot tell one family yes and another one no. While yes we are a school foremost, we are also a business and unfortunately we cannot remain open without tuition and enrollment. We run a fantastic school and always love and support your children as best we can, but we have to keep our doors open. We have our no make-up policy in order to sustain this. As noted in our payment policy, you are paying for your child's enrollment spot to be held, regardless of if you use the day you enrolled on or not.

Thank you!

Beach Family

Policies & Consents

Payment Policy

I agree to pay my daily rate x the amount of days enrolled for the month regardless of personal vacation time, school vacation time, occasional sickness, start date, or any other reason, such as a natural disaster/acts of god, state lockdown, public health emergency, or any other unforeseen circumstances. I agree that every month has a different number of enrollment days and this will affect my monthly tuition. I agree care is given and paid on a month-to-month basis. I agree I will not leave in the middle of the month and/or before or after holiday breaks/school vacations/personal vacations and/or sickness. I agree I will be responsible to pay a full month. I agree to pay this amount in full regardless of personal vacation time, school vacation time, occasional sickness, or any other reason, such as a natural disaster/acts of god, state lockdown, public health emergency, or any other unforeseen circumstances. **I agree that payment is due before the first week of attendance for the month, and that if payment is not submitted, my child cannot attend school until payment is made.**

X _____
(signature)

_____/_____/_____
(today's date)

Security Deposit Policy

I agree I will not leave in the middle of the month and/or before or after holiday breaks/school vacations/personal vacations and/or sickness. I agree I will be responsible to pay a full month. I agree to pay this amount in full regardless of personal vacation time, school vacation time, occasional sickness, or any other reason, such as a natural disaster/acts of god, state lockdown, public health emergency, or any other unforeseen circumstances. I understand that my deposit & registration fee are non-refundable for any reason. I understand that a 2 week notice is required to receive my security deposit back in order for the business to financially prepare for a change in roster. **I UNDERSTAND THAT MY DEPOSIT CAN BE USED TO COVER MY LAST 2 WEEKS OF CARE OR WILL BE RETURNED TO ME IF 2 WEEKS PROPER NOTICE IS GIVEN BEFORE MY CHILD LEAVES THE PROGRAM. I UNDERSTAND THAT PROPER NOTICE IS DEFINED AS: IN WRITING BY MAIL, HIMAMA MESSAGE, OR EMAIL 2 WEEKS BEFORE MY CHILD'S LAST DAY IN THE PROGRAM.**

X _____
(signature)

_____/_____/_____
(today's date)

Photo Consent:

I hereby consent to give permission to to Beach Friends Sensory Club to photograph, film, or videotape my child, _____, while at the daycare for educational purposes, communication between parents/staff, and to promote our school.

_____ I consent

_____ I do not consent

X _____
(Parent Signature)

_____/_____/_____
(today's date)

Food Consent:

I hereby consent to allow my child to participate in cooking class, birthday parties, and to consumer foods outside of packed snacks.

_____ I consent

_____ I do not consent

X _____
(Parent Signature)

_____/_____/_____
(today's date)

Allergies (Environmental/Food/etc.):

Please list all food allergies and severities, as well as warning signs of reactions and need for emergency care such as epipens, etc.

I have honestly listed all of my child's allergies and will follow up with the Director of Beach Friends Sensory Club if needed to discuss further.

X _____
(Parent Signature)

_____/_____/_____
(today's date)

Special Services:

My child requires the following therapy/services while at Beach Friends Sensory Club: (Please list all relevant information including provider, frequency/duration of services, etc.)

Speech: _____

OT: _____

PT: _____

ABA: _____

SEIT: _____

Other: _____

I understand that the Beach Friends Sensory Club staff will do their best to accommodate all services needed for the student. I understand if further information is required I will need to meet with the Director to discuss further.

X _____ / ____ / ____
(Parent Signature) (today's date)

Contagious Disease:

If my child is exposed to or contracts a contagious disease, I agree to notify Beach Friends Sensory Club, and I understand that my child will be readmitted once cleared by a doctor and provided with a doctor's note.

X _____ / ____ / ____
(Parent Signature) (today's date)

Sick Policy:

Beach Friends Sensory Club will only allow Well Children into their program. Well Children are non-sick children who have no symptoms of any minor childhood illness, and that does not represent a risk to other children. If a child becomes sick, a doctor's note is needed to return to Beach Friends Sensory Club.

X _____ / ____ / ____
(Parent Signature) (today's date)

No Medication Policy:

The staff can administer no medications at Beach Friends Sensory Club, I understand that I will be notified shall my child become ill during the day. I will pick up my child promptly or decide for an authorized emergency contact/release person to pick up my child upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify Beach Friends Sensory Club, and I understand that my child **will be readmitted once cleared by a doctor with a doctor's note.**

X _____ / ____ / ____
(Parent Signature) (today's date)

Diaper Change Content/External Preparations Consent:

I hereby grant the permission that Beach Friends Sensory Club providers and staff can provide care by cleaning and changing my child as needed.

X _____ / ____ / ____
(Parent Signature) (today's date)

Emergency Procedures Acknowledgment:

I understand that Beach Friends Sensory Club will take appropriate measures when dealing with injuries that occur while in the daycare. I agree that I will not hold Beach Friends Sensory Club responsible or any staff member responsible for accidental injuries that occur during play activities in which children might engage. Suppose Beach Friends cannot contact parents and/or emergency persons listed on the Emergency and Release Persons Form - in the case I hereby give permission to Beach Friends Sensory Club to secure the proper treatment for the child in a hospital given licensed and trained staff as needed.

If a child becomes injured, parents will be notified immediately. An incident report will be written up and signed by staff.

X _____ / ____ / ____
(Parent Signature) (today's date)

Release of Phone Number/E-Mail Address:

I hereby consent to have my phone number and/or email-address released amongst families for possible play dates, birthday parties, etc. in the form of a class list.

_____ I consent

_____ I do not consent

Phone Number: _____

Email Address: _____

X _____ / ____ / ____
(Parent Signature) (today's date)

Infant Feeding Consent:

Initial if Non-Applicable: _____

6 Weeks - 18 Months

- All bottles, cups, and utensils must be labeled with the child's full name. Powdered formula, ready to feed milk, juice, and breast milk must be pre-measured and labeled with the child's first and last name and expiration date.
- Children 6 months of age and under must be held during all bottle feedings.
- Microwave heating of infant food and formula is prohibited by regulation.
- The provider will make every effort to accommodate the needs of a child who is breastfed.

Infant's Name: _____

Date of Birth: ____/____/____

_____ I will provide all formula, solid food, water, and juice for my child.

Check all that apply:

_____ Breast Milk

_____ Formula (Brand: _____)

_____ Solid Foods

List of any food allergies: _____

Please initial:

_____ I give the provider permission to add warm sterilized water to powdered formula.

_____ I give the provider permission to warm milk in a bottle warmer.

_____ I give the provider permission to warm solid food.

Please feed my infant according to the following schedule:

X _____
(Parent Signature)

_____/_____/_____
(today's date)

X _____
(Provider Signature)

_____/_____/_____
(today's date)

Beach Family Schools:

Operational Calendar 2022-2023

SEPTEMBER- JUNE

September 6th: First Day of School (School Open)
September 26th-27th: Rosh Hashanah (School Closed)
October 5th: Yom Kippur (School Closed)
October 10th: Columbus Day (School Closed)
October 17th: Picture day (TBD) (School Open)
November 11th: Veterans Day (School Closed)
November 24th-25th: Thanksgiving Recess (School Closed)
December 12th: Report Cards Distributed (School Open)
December 25th-31st: Holiday Break (School Closed)
January 2nd: New Years Day Holiday (School Closed)
January 16th: Martin Luther King Jr Day (School Closed)
February 20th- 24th: Winter Recess (School Closed)
April 6th-14th: Spring Recess (School Closed)
May 15th: Report Cards Distributed (School Open)
May 22nd: Picture Day (TBD) (School Open)
May 29th: Memorial Day (School Closed)
June 19th: Juneteenth (School Closed)
June 23rd: Last Day of School (School Open)

SUMMER PROGRAM

June 26th - July 5th: Independence Day/ Summer Break (School Closed)
July 6th - August 25th : School In Session!
August 28th - September 4th: Summer Break (School Closed)