



## Welcome to Peacock Early Childhood Center!

We are excited to have your child join us for care at Peacock. We want to make this transition as smooth as possible for both you and your child.

Any questions you may have about scheduling, drop-ins, or billing can be directed to our Office Manager. If you have questions about your child's development, behavior, or approaches to things like potty training or other goals, our Childcare Director would be happy to help. Questions about your child's day can be directed to your child's teacher at drop off or pickup or to the Childcare Director.

Eliza Lane, Office Manager, [eliza@peacockfamilycenter.org](mailto:eliza@peacockfamilycenter.org)  
Therese Mentzer, Interim Childcare Director, [supervisors@peacockfamilycenter.org](mailto:supervisors@peacockfamilycenter.org)  
Kathy Haskin, Executive Director, [kathy@peacockfamilycenter.org](mailto:kathy@peacockfamilycenter.org)

### Items for daily use

Please label all items with your child's name or initials. It is best to place items in a canvas bag or backpack to store on the labeled hook or cubby near your child's classroom.

- An extra outfit of clothing
- While toilet learning, 3 complete outfits and an extra pair of shoes are needed
- Appropriate weather gear: boots, coat, rain pants, hat, mittens, etc.
- Crib sheet, nap blankets, and comfort object labeled with child's name
- Cloth or disposable diapers; pull-ups for naptime, if necessary
- Socks or slippers for inside the classroom
- Sunscreen / Diaper Cream (see below)
- Emergency Kit (see below)

### Optional items

- We supply Desitin diaper ointment. If you would like us to use something different, please provide it in your child's bag and fill out the appropriate form.
- We supply Banana Boat Baby Sunscreen. If you would like us to use something different, please provide it in your child's bag and fill out the appropriate form.
- Water bottle, labeled with your child's name

### Emergency Kit

Each child will need an Emergency Kit to leave at the Center in a non-refrigerated outdoor storage container. This is required within your child's first two weeks of enrollment. Please stock it with the following items placed in a pest- and weather-resistant container, about the size of a shoe-box, clearly labeled with your child's name:

- \*Family picture for comfort
- \*Small toy or comfort object
- \*One pull-top can fruit
- \*One pull-top can soup, chili, or spaghetti
- \*Single serving size breakfast cereal
- \*Two small juice boxes
- \*One pull-top can chicken
- \*Mylar emergency blanket (Ace Hardware)
- \*Disposable diapers (for toddlers)
- \*An encouraging love letter from you
- \*One pull-top can pudding
- \*One breakfast bar
- \*One granola bar (no nuts)
- \*Two small boxes soy milk or milk (no nut-milks)
- \*Flashlight with batteries, separated
- \*Three day supply of important medications

Thank you for enrolling your child at Peacock. We look forward to working with your family and becoming a part of your child's community.



<u>For Office Use Only</u>
Date Enrolled: ____/____/____
Date Ended: ____/____/____

## Child Care Registration Form

**Child's Name:** \_\_\_\_\_ **Name Used:** \_\_\_\_\_  
(Last) (First) (Middle)

**Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

With whom does the child live (circle): Parents Mother Father Legal Guardian: \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Parent / Guardian's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Home Address (if different):** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Employer:** \_\_\_\_\_ **Work Address:** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Parent / Guardian's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Home Address (if different):** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Employer:** \_\_\_\_\_ **Work Address:** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Emergency Contact 1 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Emergency Contact 2 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Permission to Pick-up Child (other than above) Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Permission to Pick-up Child (other than above) Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Permission to Pick-up Child (other than above) Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

**Not allowed to Pick-up Child: Name:** \_\_\_\_\_ **Reason:** \_\_\_\_\_



### Child's Health Information

Child's Name: \_\_\_\_\_ Date of child's last physical exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

Dentist (if applicable): \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

Please check if the child has any of the following health conditions:

(List type of condition, symptoms, and treatments; attach another sheet if necessary)

- Vision impairment \_\_\_\_\_
- Hearing impairment \_\_\_\_\_
- Speech/Language challenge \_\_\_\_\_
- Physical illness/impairment \_\_\_\_\_
- Mental, emotional, behavioral \_\_\_\_\_
- Developmental delays \_\_\_\_\_
- Allergies \_\_\_\_\_
- Chronic medical condition \_\_\_\_\_
- Life-threatening medical condition \_\_\_\_\_
- Dietary restrictions \_\_\_\_\_

Current medications used by child: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a qualified physician or medical provider at (Name/Address) \_\_\_\_\_.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

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

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



## Child Care Agreement

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Days and times my child will be scheduled for care:

Check Days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Arrival Time					
Departure Time					

\*Extended day schedules (over 9hrs) must be due to commuting. Please initial here if you are using extended hours for commuting \_\_\_\_\_

Fee: \$ \_\_\_\_\_ per month

Payment is due on the **1<sup>st</sup>** of each month for the month ahead  
(ex: Sept. tuition will be due Aug. 1<sup>st</sup>)

Source of payment: Parent/Other (specify): \_\_\_\_\_

Late Fees: **\$30 per month** for payments made after the **5<sup>th</sup>**  
**\$1 per minute** for unscheduled attendance  
outside of your scheduled time

Drop-in rate: **\$15 per hour**

I agree to promptly notify the childcare provider or any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand, and agree to comply with the policy and procedures, information for parents given to me by Peacock Family Center, 305 Madison Ave N Ste. C, Bainbridge Island, WA 98110.

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

I agree to provide child care services according to the above plan. I agree to promptly notify the parent(s) or guardian(s) of any changes to the above information.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_



## Statement of Understanding

**Policies in Handbook:** The policies and procedures of Peacock Family Services (hereafter, "Peacock") have been explained to me, I have received a copy of the policies and procedures and have read the most current version of the Parent Handbook (revised Jan 2019). I agree to abide by these rules and regulations, as well as those included in registration materials.

**Health Policies and Disaster Plan:** I have read the Health Policies Handbook, including the Disaster Plan.

**Philosophy and Discipline:** Peacock's philosophy of care and discipline, programs and facilities have been discussed with me. I grant permission to Peacock to provide care and discipline for my child. I grant permission for my child to use Peacock play equipment and to participate in activities at Peacock.

**Sickness:** I will follow Peacock's health policy guidelines in regards to communicable diseases such as chicken pox, strep throat, head lice, etc. I will keep my child home if they have a communicable disease and inform Peacock of the disease. I will keep my child at home if fever, diarrhea, or vomiting are present. Whether or not a child is too sick to remain at Peacock will be at the discretion of a Peacock administrator.

**Medical Director:** I am aware that Peacock works with a medical director to provide the best care at the school. I grant permission for my child to be observed in the classroom or on the play yard by health care professionals working with Peacock.

**Termination:** I am aware that Peacock reserves the right to terminate enrollment for any of the following reasons: tuition not received by the last day of the month; parent adopts an adversarial role with any member of Peacock or the families it serves; enrolled child hurts, endangers, or causes the suffering of any member of Peacock or the families it serves; parent behaves improperly in the school environment or grounds. Termination for these reasons does not entitle family to reimbursement of any monies paid.

**Sign In and Out:** I understand that I am required by law to sign in and out with my full legal signature and time each day. Furthermore, I understand that use of my Tadpoles PIN constitutes my legal signature, and as such is for my use alone. I understand that my child will not be allowed to leave school with anyone but those people I have listed as authorized to pick up. It is my responsibility to inform Peacock of any changes to this list and other registration information.

**Nut-Free:** I understand that Peacock is a nut-free campus and, for the safety of children who may have severe allergies, I will refrain from bringing outside food into the building. I grant permission for my child to eat foods offered at meal and snack times. I will inform Peacock of my child's allergies.

**Participation:** Peacock has encouraged me to participate in center activities.

**Hold Harmless Agreement:** As parent/guardian of a participant in childcare services at Peacock, a sponsored activity on Peacock premises or other locations, I understand that Peacock does not provide any medical insurance coverage for accidental injuries or coverage for personal property damage. I agree, by my signature below, to release and hold harmless Peacock from any and all responsibility or liability for any injuries or damages not directly caused by the negligence of Peacock, its officers, agents, or employees.

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Parent/Guardian Signature

Date

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Peacock Administrator Signature

Date



## Field Trip Authorization Form

As part of the experiences at Peacock Family Center children will go off-site on field trips. The required staff-to-child ratio and vigilance to safety is always maintained. Parents and volunteers are invited to accompany the children.

For trips that require transportation or are further than just a few blocks away from Peacock Family Center, parents are notified of the trip at least 24 hours in advance. Peacock or public transportation will be used when possible. These trips may include an additional fee.

If parent drivers are needed, all drivers must have a valid driver's license, car registration, and vehicle and passenger medical/liability insurance. Parents who are alone with children other than their own offspring, such as when driving on a field trip, are also required to have Department of Early Learning background check, negative TB test, Blood-Borne Pathogens and First Aid training, and CPR certification.

Drivers are required to carry a First Aid kit, reflective triangles, health history and emergency information for each child in the car, and a method to call for emergency help. Vehicles must be safe and well-maintained, and children must be fastened securely in their car seats. Children are not to be left unattended in vehicles. Children must remain in visual and auditory range of teachers and qualified assistants.

Examples of trips requiring transportation include, but are not limited to, the pumpkin patch, Battle Point Park, local farms, Seattle Aquarium, the fire station, Seattle Children's Theater, and the Pacific Science Center.

Examples of walking trip destinations include, but are not limited to, the grocery store, Waterfront Park, Secret Beach, the Post Office, the Library, and other community buildings and points of interest.

**I authorize Peacock Family Center to take my child on field trips.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Name



## Photograph Permission

Peacock Family Center often uses photographs, slides, videos, or illustrations of children for in-house and marketing purposes. Usually we use such photos and illustrations within the center for classroom purposes. Such photographs, videos, or other illustrating material may also be used in newsletters or publications produced by Peacock, for slide presentations or videos about the center, by the news media in child care-related news coverage, on Peacock Family Center's website, or in other similar forms of communication. This form allows you as a parent or guardian to choose whether or not Peacock Family Center may use videos, photographs, or other illustrations of your child. In photographs, videos, and illustrations viewed by the public, your child will not be identified by name.

### CHECK ONE:

**YES.** I give permission to Peacock Family Center to make photographs, slides, videos, or illustrations of my child. Further, I authorize their use in the media without inspecting or approving the finished product or its specific use.

**NO.** I do not give permission for my child to be included in presentations by Peacock Family Center or the news media.

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Parent/Guardian Print Name

Child's Name

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Parent/Guardian Signature

Date



## Directory Release

I grant permission to Peacock Family Center to give my child's name, my name, and any information included below to the parents of Peacock Family Center. I understand that this information will only be printed in the Peacock Family Center Directory.

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Parent/Guardian Signature

Date

### Information Listed in Directory

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Child's Name

Parents'/Guardians' Names

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Address *(optional)*

Phone # *(optional)*

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E-Mail Addresses *(optional)*





## Parent Participation Agreement and Skills Survey

Peacock Family Center is not just an early childhood center, we are a "Community of Care". Full tuition covers only 80% of the true cost of care and that economic diversity is an important aspect of our student body. Each family is encouraged to participate in supporting our non-profit organization with your time, expertise, or resources to help our programs and reach continue to grow and succeed. Your participation helps us offer our high level of care and curriculum, low teacher-child ratios and support the growth of our communal spirit and mission.

All families are encouraged to volunteer approximately 10 hours per year (per family) in some capacity. There are numerous ways and opportunities to meet this goal and marking your areas of interest or expertise below helps us find participation hours that are a good for your family, as well as meet our needs.

Ideas for Peacock Participation Hours:

- Classroom project: Baking, art, music, storytelling, language, gardening, etc.
- Facility support: Are you handy with a hammer, nails, shovel, or paintbrush? We often have minor improvements outside operations we'd love to tackle if we had the hands.
- Facility support: I'm not handy with any tools but I'd be able to help sort toys, improve classrooms, or just give the teachers an overall hand occasionally.
- Field trip chaperone
- IT, web, or technical skills
- Team building, staff training, or other professional services
- Outreach activities: farmer's markets, Taste of Lynwood, 4th of July Celebration, etc.
- Attend fundraising events: Peacocktail Party and Peacock Prom
- I really don't have a minute to spare but might be able to make a tax deductible contribution to the programs.

My professional field is: \_\_\_\_\_

My hobbies are: \_\_\_\_\_

Name: \_\_\_\_\_ Child: \_\_\_\_\_

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