Student's Name Parent's Name Start Date Today's Date Harris & Tucker School / After School Enrichment / Kids TV Academy / Inspired Communities Inc.			
Quality Childcare Services			
Since 1970 412 Newhall Street* Hamden, CT. 06517 Office: 203.787.5087 / Fax: 203.752.1022 Email: harristucker412@gmail.com * HarrisandTuckerPreschool.org Inspired Communities Inc. 324 Shelton Ave. New Haven, CT 06511 inspiredcommunitesinc@gmail.com * inspiredcommunitiesinc.org * 203-787-5087			
Please Check All That Apply			
Harris & Tucker Preschool Toddler Infant Harris and Tucker Preschool, 7:00am – 5:30 Monday – Thursday: 7:00am – 4:00pm on Fridays (Infant/Toddlers Small World) 7:30-5:00 (I/T) 7:30-4:00pm on Fridays			
Before School Morning Service: Morning service: 6:30 to Bus Pickup			
Homework Club: Afternoon service: Bus drop off to 5:30pm			
Kids TV / Inspired Communities Inc. (School Year Vacations): Winter/Spring Vacation (circle all that apply) 8:30am to 3:00pm			
Kids TV/Inspired Communities Inc: Summer (grades K-6): 7:30am to 7:00pm			
Pre and Post service is available for School age during the summer 6:30am - 9:00am 3:00 pm - 5:30pm (4:00pm on Fridays)			
Counselor In Training Program (CIT): Summer (ages 13 & 14) help with summer camp while learning employment skills			

Put your faith—and child—in Harris & Tucker's hands. We do more than promise, we guarantee it...

Medication & Allergies Emergency Form

Please print			
Child's Name:	d's Name: Sex: male / female		
Address:			
Phone number: home	work	e-mail	
Date of birth	Age		
Grade			
Social Security No			
Father's Name/ Address / Phon	e number		
		es: Yes or No?	
If yes please explain:			
Emergency contacts Name & Pe (Please give 2 names)	erson(s) authorized to pick	up child / Address / Phone numbers	
Please provide all medical form	s: Physical, Immunizations	forms and other medical forms	
Parent / Guardian Signature		Date	

Emergency Medical Care Waiver

the event that my child be		becomes ill or sustains	
injury as to require emergency medic	ny consent to those in charge to		
provide such treatment through a lice	ensed clinic, hospital, or	physician. I understand that I sl	hall
assume financial responsibility for all	•	. ,	
,	,		
Parent / Guardian Signature	Date		
Child's Physician			
Address			
Ci. 16: 17: 1			
City / State / Zip code			
Phone Number			
Filone Number		 .	
Dentist			
Address			
			
City / State / Zip code			
· · · · · · · · · · · · · · · · · · ·			
Phone Number			
Hospital preference			

Field Trip Waiver

I hereby give consent to Harris & Tucker Preschool / After School Enrichment / Kids TV Academy to take my child				
be informed in advance of such sche		rips. I understand that I shall		
Parents / Guardian Signature	Date			
Please note:				

- * Some trips may require a fee.
- * Some trips will require a snack and a sack lunch.
- * No glass bottles, please!

Behavior Rules & Regulations Agreement Form

Because this is a specialty program behavior problems will not be tolerated. If your child continues to demonstrate that he or she cannot follow the rules the student will be warned with a call to parents. Then the student will be asked to leave the program.

- * Listening is a must
- * Fighting will not be tolerated.
- * Respect for others is a must; making fun of other student will not be tolerated.
 - * Rude comments to any peers or staff members will not be tolerated.
- * Possession of Guns, Drugs or Illicit conduct will result in immediate expulsion and a call to the police.
 - * All other basic common sense rules apply within parent handbook.

You will be warned One (1) time. on the second time you will be asked to leave the program.

 Student Signature	Date
Stadent Signature	Date
 	_
Parent / Guardian Si	gnature

Harris & Tucker School / After School Enrichment / Kids TV / Inspired Communities Inc.

Permission Agreement

A. I/we grant permission f	for my child to use a	ıll of the play	equipment and	l participate in al	l of the
activities of Above Busine	sses, unless exception	ons are noted	d here.		

B. I/we grant permission for my child to leave the programs premises under the supervision of a staff member for neighborhood walks or for field trips. Please note: Some trips may require a fee, snack and a sack lunch. Please, no glass bottles. C. I/we grant permission for my child to be included in evaluations and pictures connected with Kids TV. D. 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: 1. Administer first aid. 2. Attempt to contact a parent or guardian. 3. Attempt to contact the child's physician. 4. Attempt to contact the parent through any of the persons listed on the emergency information card completed for the Center. (Note: it is the parent's responsibility to keep this card up to date.) 5. If we cannot contact the parent or the child's physician, we will do any or all of the following: a. Call another physician. b. Call an ambulance. c. Have the child taken to an emergency hospital in the company of a staff member; staff vehicle; program vehicle. 6. Any expenses incurred must be paid by the child's family. E. Above Businesses will not be responsible for anything that may happen as a result of false information given at the time of enrollment. F. Above Businesses will not assume responsibility for a child who has not been signed in when he/she arrives for the day. Signed _____ Date ____ (Parent or legal guardian)

Release Form

This form gives Harris & Tucker Preschoo	I / After School Enrichment / Kids TV
Academy permission to Videotape, phot	ograph, webcast and or any form of media
of your Child,	(name or child), while participating at
Harris & Tucker Preschool / After School En Inc., Photos,	richment / Kids TV / Inspired Communities
Videotape, CD'S, DVD'S, Webcast and	any other form of media, will be used for
Class, Airing on Public TV, Educational	use,
and Promotional and Advertising for so	uid programs.
Parents will be responsible for cost of	any Costumes, Photo's, Videotapes, CD'S,
DVD'S, and reproduction cost.	
No compensation will be paid for Photo	's, Videotapes, CD'S, DVD'S alike. If said
Programs should receive compensation	for your child's Photo, Videotape, CD'S,
DVD'S, Webcast etc., and or work, you	r child will be paid accordingly, minus any
fees or charges, and a management fee	≥ of 25%.
Parents Signature	
Date	

Swimming Pool / Sprinklers Form

My child	(name of child) has my permission to		
Please check one line			
1) Get wet with sprinklers			
2) Swim in the big pool 4feet an	d up		
	_ Parent name (please print)		
	Parent signature		
	Date		
Today's Date:			
Church Name .	Daviout Name		

 $Harris\ \&\ Tucker\ School\ /\ After\ School\ Enrichment\ /\ Kids\ TV\ /lnspired\ Communities\ Inc.$

Schedule of Contracted Hours

Monday From: 10	
Tuesday From: To	
Wednesday From: To	_
Thursday From: To	
Friday From: To <u>4:00pm</u>	<u>1</u>
Your weekly fee is	
Start Date of Program	Withdrawal Date
Reason for withdrawal	
Please note:	
✓ Weekly Fee is due on each Mo Month.	onday of the current week or the first Monday of the
✓ There is a non-refundable \$10	00.00 Registration Fee
✓ There is a \$50.00 per day per	_
✓ Return check fee is \$50.00	
✓ Children left 30 mins. Past Clo being notified.	osing without notification may result in DCF and the police
	nd financial arrangements described in the orientation. My ons have been personally reviewed with me. I acknowledg on behalf of:
(Child's full name)	-
Parent or guardian	
Signature:	Date:
Harris and Tucker Representative	
Signature: D	rate:

Check list of Items needed for your child: (sa) = school age

- ✓ Blanket
- ✓ Change of clothing (label everything) Change clothing according to seasons (sa)
- ✓ Copy of Health Card (sa)
- ✓ Copy of Social Security Card (sa)
- ✓ Copy of Birth certificate (sa)
- ✓ Immunization form (sa)
- ✓ Lunch (Hot or Cold)
- ✓ Lunch box
- ✓ Medical forms (sa)
- ✓ Medications (sa)
- ✓ Physical form (sa)
- ✓ Pillow (optional)

Things to keep in mind:

- Your child must come for orientation tour before he or she can be enrolled into Harris & Tucker School.
- Your child must have all medical forms and application in place before he/she can start.
- All New Parents must attend a new parent orientation meeting.

Important items to know

- Email: HarrisandTucker@aol.com
- Hours of Operation: M-Thurs 7:00-5:30 / Fridays till 4pm
- If your number changes we should be the first to know
- Our phone number 203.787-5087
- Preschool Director: Kim C. Harris
- Website www.HarrisandTuckerSchool.org

Harris & Tucker School / After School Enrichment / Kids TV / Inspired Communities Inc. WHAT TO BRING TO THE CENTER

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Please provide:
Swim suits
Small towel
Sunscreen with a SPF protection of 15 or more (Permission form needed)
Insect repellent containing DEET (Permission form needed)
Water shoes
Extra change of clothes

- Wear sneakers to day care. Sandals and especially flip flops are not safe footwear because they do not provide a covered toe and are not safe for running when outside. Crocs should have closed toes and a back.
- Provide "closed toed" water shoes for water play. These are the best type of water shoe as the child can run and climb more easily and the wood chips will not get into the sides of the shoe.
- T-shirts, hats, light long sleeved shirts and light pants provide a little better sun coverage than tank tops and short shorts.
- Parents should apply sunscreen to their children each morning before coming to school. Please consult your pediatrician about the use of sunscreen for your child.
- Each child should have an individual bottle of sunscreen with a UVA or UVB protection of SPF 15 or higher (labeled with the child's name) brought to the center for the teachers to apply before going outside. You will be asked to sign for authorization for staff to apply sunscreen.