



The Sandbox School of Early Care & Education

Application for Admission

Please select school you are applying for

Sandbox Homer Glen

12030 W. 159th Street
Homer Glen, IL 60491
(708) 301-2311
6:15 a.m. – 6:30 p.m.

Sandbox Orland Park 1

14311 W. 82nd Ave
Orland Park, IL 60462
(708) 349-7732
6:30 a.m. – 6:00 p.m.

Sandbox Orland Park 2

9970 W. 151st Street
Orland Park, IL 60462
(708) 349-7557
6:30 a.m. – 6:30 p.m.

Sandbox Palos Heights

12832 S. Ridgeland Ave
Palos Heights, IL 60463
Phone: (708) 371-5443
6:00 a.m. – 6:30 p.m.

Sandbox Palos Hills

7845 W. 103rd Street
Palos Hills, IL 60465
Phone: (708) 598-8410
6:15 a.m. – 6:00 p.m.

Year 20 _____
Age as of September 1st
Years _____ Months _____

Registration Fee: _____ (payable at registration and then annually)

Childs Name: _____

Nickname to be used at school: _____ Sex: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ Primary E-Mail _____

Home Phone: _____ Secondary E-mail _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Work Hours: _____ How long to get to Sandbox? _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Work Hours: _____ How long to get to Sandbox? _____

Person Responsible for Tuition: _____

FOR OFFICE USE ONLY
Registration Fee _____ Check # _____ Date _____ Start Date: _____
Packet 1 _____ Packet 2 _____
Days: M T W R F
Hours P.S. _____ Hours D.C. _____
DATE OF DISCHARGE: _____

Check Program(s) for your child

Regular Program

- _____ **Pre-School Only**
- _____ **Pre-School with Daycare**
- _____ **Kindergarten**
- _____ **After School**
- _____ **Before and After School**
- _____ **Mom's Day Out**
- _____ **Dance**
- _____ **Tumbling**

Summer Programs

- _____ **Childcare**
- _____ **Summer Camp**
- _____ **SB Summer Camp (ages 6 -10)**
- _____ **Bigger Better Camp (ages 10 & up)**
- _____ **Tumbling**

Check your Sandbox for Hours of Operation & Special Programs Available

My child will attend (circle the days of the week) M T W R F - Hours: _____

Has your child attended a pre-school or daycare facility previously? Yes No

If yes, where and when? _____

Do you plan to use the Sandbox Schools in the summer? _____
How? _____

What are your child's future grade school plans? _____

How did you hear of Sandbox? _____

Why did you choose Sandbox? _____

What else can Sandbox do for you? _____

Brothers & Sisters

Name	Age	Alumnus of Sandbox?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child will be released to his/her parents and the following:

Name	_____	Name	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Relationship	_____	Relationship	_____

Medical Information

Doctor's Name:	_____	Dentist's Name:	_____
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Phone:	_____	Phone	_____

Emergency Contact other than Parent or Doctor

Name	_____	Name	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Address	_____	Address	_____
City/State/Zip	_____	City/State/Zip	_____
Relationship	_____	Relationship	_____

May we contact the above to seek assistance for your child in case of emergency of illness? Yes No

Diet restrictions, allergies or special instructions

What should we know about your child?

Parent Signature _____

Date _____



(To be filled out by Office Staff) CLASS _____ SIGN DATE: _____

CHILD'S FULL NAME _____
CHILD'S DATE OF BIRTH _____ PLACE OF BIRTH (CITY & STATE) _____
ADDRESS _____ CITY/ST _____ ZIP _____

PLEASE LIST PARENTS IN ORDER OF EMERGENCY CONTACT

PARENT #1 HOME PHONE# _____
CELL PHONE _____ WORK PHONE# _____ WORK HOURS _____
EMAIL ADDRESS _____ (FOR SANDBOX UPDATES & INFORMATION)

PARENT #2 HOME PHONE# _____
CELL PHONE _____ WORK PHONE# _____ WORK HOURS _____
EMAIL ADDRESS _____ (FOR SANDBOX UPDATES & INFORMATION)

EMERGENCY CONTACT IN IMMEDIATE AREA (OTHER THAN PARENT) OR GUARDIAN

NAME _____ RELATIONSHIP (TO CHILD) _____ PHONE #: _____
CELL PHONE #: _____
ADDRESS _____ CITY/ST _____ ZIP _____
NAME _____ RELATIONSHIP (TO CHILD) _____ PHONE #: _____
CELL PHONE #: _____
ADDRESS _____ CITY/ST _____ ZIP _____

AUTHORIZED PICK UP PERSONS (OTHER THAN EMERGENCY CONTACTS)

NAME _____ RELATIONSHIP (TO CHILD) _____ PHONE #: _____
CELL PHONE #: _____
ADDRESS _____ CITY/ST _____ ZIP _____
NAME _____ RELATIONSHIP (TO CHILD) _____ PHONE #: _____
CELL PHONE #: _____
ADDRESS _____ CITY/ST _____ ZIP _____

MEDICAL INFO

PEDIATRICIAN _____ PHONE _____ LAST DPT _____
ALLERGIES _____ MEDICATIONS _____
OTHER SIGNIFICANT MEDICAL INFO: _____

I give my permission to Sandbox School to make whatever emergency (i.e., first aid, disaster evacuation) measure are judged necessary for the care of and protection of my child while under the supervision of the center.

In case of medical emergency, I understand that my child will be transported to the nearest 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 the parents.

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

PLEASE SIGN & DATE:

Parent Signature: _____ Date: _____

Name of Parent (Please print): _____



TUITION POLICIES 2017-2018

TUITION

The annual registration fee is \$75.00 per child or \$100 for family. The fee is payable at the time of enrollment each school year and is non-refundable.

Tuition is payable on the first day of attendance, each week, upon arrival for day care families, and on the first day of the month upon arrival for preschool families. A \$35.00 late fee will be applied to all tuitions not received by due date. In order to maintain the high quality of the program, tuition is due even when the child is absent (school costs continue, regardless). Major holidays have already been factored out of tuition. The cost remains the same each week or month for consistency of bookkeeping. Tuition for 2017 must be paid in full by December 31, 2017.

CHILD CARE...children attending 4 or more hours per day.

A full week's tuition is due even when your child is absent from school.

The only exception is when your child is absent due to hospitalization, then half of each week's tuition is due in order to secure the child's place in school. Teachers are present and working 52 weeks per year, therefore full tuition is due even when families vacation.

In order to hire professional staff, teachers are contracted for 10 or 12 months. Please mark the **Day Care Schedule** that will suit your needs (this schedule does not apply to preschool only families):

_____ 10 month schedule...August 15 – June 15 M T W R F *(please circle days)*
_____ 12 month schedule...September 1 – August 31 M T W R F *(please circle days)*

Part-time students may attend additional days of school, but may not exchange a day for regular booked days that they have missed. Extra time is charged on a non-regular student tuition rate.

LATE FEES

The teachers are hired according to the number of hours specified by the parents at enrollment. Each Sandbox closes at a designated time. We are forced to charge late fees for any additional time after closing. The additional charge is \$1.00 per minute. This fee is paid to the center in order to pay overtime for the late staying staff.

PRESCHOOL follows a 9 month schedule (Sept - May)...students attending preschool; tuition is payable monthly, the first day of each month upon arrival. No reductions for vacations or absences.

KINDERGARTEN...Kindergarten students attending Kindergarten – tuition is payable monthly Sept – May. This includes payment for August and June. Tuition is payable monthly, the first day of each month. No reduction for vacations or absences.

BEFORE & AFTER SCHOOL CARE...1/2 tuition is due even if the child does not attend school. When "big" school is closed, Sandbox remains open. Your child is welcome to attend all day at a slight additional charge for extra hours. Please inform the director in advance of your child's attendance, so that we may be properly staffed.

BREAKFAST will be added to your child's weekly childcare fee, if you would like your child to join our breakfast club. Please check below

_____ Yes, I want my child to join the Sandbox Breakfast Club M T W R F *(please circle days)*
_____ No thanks, my child will eat breakfast at home

Your weekly tuition is: _____

****Returned Check Policy: A \$35.00 service charge will be collected for returned checks

I have received a copy of the Tuition Policy and agree to follow it in its entirety.

We ask that you read this reminder thoroughly and sign at the bottom and return it. This letter will be placed in your child's records for future reference.

Thank you,
Sandbox Schools

Childs Name: _____

Parent Signature: _____ Date: _____



SANDBOX WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

FOR THE SANDBOX SCHOOLS

Please read this form carefully, and be aware that, in signing up and participating in the Sandbox program, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms “I”, “Me” and “My” also refer to parents or guardians as well as participants in the program, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury. These occur in the normal course of daily activities. It is common knowledge that while playing, children stumble, fall and bump into things or one another and they may injure themselves or others.

I do fully release and discharge the Sandbox School and its teachers from any and all claims for injuries, damage or loss which I may or which may occur to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend Sandbox School and its teachers from any and all claims resulting from injuries, damage and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and activities of these programs.

NAME OF PARTICIPANT: _____

PARENT OR GUARDIAN: _____

DATE: _____

The Sandbox continues to maintain a high standard of quality and carefulness. However, it is important for parents to understand that there is a natural element or risk in everyday activities.



Discipline and Guidance

Discipline means “to teach”; Discipline does not mean “punishment”

Discipline at the Sandbox is positive and is to be handled in the following manner:

There is to be positive reinforcement rather than negative.

There is to be redirection of activities.

There is to be respect for the dignity of the child even in discipline.

Teachers model positive manners in order to help the children learn self-discipline.

If the behavior of a child jeopardizes the safety of him/herself, the other children, or the equipment, the child should be removed from that situation and brought to a calming place where there can be redirection of activities.

If a child misuses the equipment, the child will be told that he/she cannot use the equipment until it can be properly used.

If a child is continually unable to be disciplined in any of the positive methods, testing will be recommended for the child through the school district. If, in the opinion of the Sandbox staff, the child’s behavior interferes with the program, the parent or guardian will be asked and required to withdraw the child from the center. Recommendations of alternative placement will be made available to the parent.

Behavior is almost always good when children are engaged in activities that meet their needs and match their individual stages of development.

We suggest your family use positive forms of discipline, so that there is consistency between home and school. Ask your director for further information on positive guidance and discipline.

I HAVE READ AND UNDERSTAND SANDBOX SCHOOLS DISCIPLINE AND GUIDANCE AS EXPLAINED ABOVE

Parent Signature: _____

Date: _____



When A Child Is Not Picked Up On Time

It is extremely important that children arrive and are picked up at the designated time. Center staffing plans are based upon the arrival and pick up times that parents designate on the child's registration form. If these times must change for unforeseen reasons; the director must be notified so that staffing will be adjusted in order for Sandbox to remain in DCFS Staffing Compliance.

Each Sandbox closes for the evening promptly at its designated closing time. The staff has worked long hours and has family obligations of their own. It is important to support staff in their effort to leave on time.

In the event of an emergency, causing parents or guardians to be later than the designated closing time, parents or guardians must call Sandbox with a truthful explanation.

Parents and guardians must make every effort to contact relatives or friends to pick up the child on time or as soon as possible.

After the designated closing time the late fee is \$1.00 per minute payable to Sandbox upon the parent's arrival. The delayed staff person will be compensated with overtime on the next paycheck.

If at the designated closing time Sandbox has received no notice of family tardiness the closing director will make 6 attempts to notify family, friends and emergency contacts listed on the child's registration form. When the Director has exhausted all possibilities on the child's emergency card, the Sandbox Administrators will be called. The local police may then be called for assistance in finding emergency contacts.

If no outside contact is made Sandbox after 30 minutes past closing, outside authorities such as the police and child abuse hotline will be called.

It is crucial for Sandbox to have up-to-date emergency contact information at all times. Whenever a change in contact information occurs, it is the responsibility of the family to inform Sandbox.

During times of severe emergency, such as weather situations, when parents cannot get to Sandbox in a timely manner, Sandbox will provide quality care with meals as usual until the family or emergency contacts arrive.

Whenever problems with punctuality occur, Sandbox staff will not hold the child responsible and he/she will be safely cared for as usual. Discussions of this issue will only be with the parent or guardian and never the child.

Late Pick Up Acknowledgement

I have read and understand the Sandbox Late or No-Pick Up Policy.

Parent Signature: _____ Parent Signature: _____

Child Family Name: _____

Date: _____



ILLNESS POLICY

Dear Parents;

For the welfare of all children, please understand the Sandbox Health and Safety Rules:

Sick Children

Sick children who are unable to comfortably participate in school activities may not be brought to the center for care or preschool. This includes communicable diseases (a doctor’s release must be presented upon return for all communicable diseases).

Health checks will be made daily upon arrival.

If a child becomes sick while at school, the Director will isolate the child from the group, call Mom or Dad, or designated guardian and watch over the child until the parent arrives, which should be soon after notification.

Accident Procedure

Accidents are rare, but in the event that one does occur, phone numbers and addresses of persons authorized to pick up children must be on file and updated yearly at the center. It is also necessary to have the name and number of the child’s physician and the preferred hospital. Emergency vehicles will be called in the event of a very serious illness or accident.

When To Keep Your Child Home From School

- If your child has had a fever within the last 24 hours
- If your child has a constant cough
- If your child has a bad cold, stuffy or runny nose
- If your child has a sore throat, rash, stomach ache, vomiting or diarrhea
- If your child has symptoms of a communicable disease

Please notify school if your child develops a communicable disease

When Your Child May Return To School

- Once your child is **fever free for 24 hours**
- Once your child is **vomit free for 24 hours**
- Once your child is **no longer coughing**
- Once your child is **diarrhea free for 24 hours**

.....
FOR THE SAFETY OF EVERYONE THAT ATTENDS, CHILDREN WHO ARE ILL, CANNOT BE ADMITTED TO SCHOOL.

I HAVE READ THE PREVIOUS STATEMENT ABOUT ILLNESS POLICIES AT SANDBOX AND WILL ABIDE BY THEM.

Parent Signature: _____

Date: _____



PUBLIC ACT 45-0439 MISSING CHILDREN RECORDS ACT

Dear Parents,

Public Act 45-0439 amends the Missing Children Records Act (325ILCS 50/5). Effective January 1, 2008 all public or private child care facilities, licensed under the Child Care Act of 1969 will be required to collect a certified copy of each child's birth certificate or other reliable proof of the child's identity and age, such as passport, visa or other governmental documentation when a child is enrolled for the first time.

Please send in one of the above documents for your child. A copy will be kept in your child's file.

DCFS will inform us about returning to you or shredding these documents when your child leaves Sandbox.

Thank you for your cooperation.

Sandbox Schools



CONFIDENTIAL

FAMILY & SOCIAL HISTORY

NAME OF CHILD: _____ DATE OF BIRTH: _____
 ADDRESS: _____ HOME PHONE: _____
 MOTHER'S NAME: _____ AGE: _____
 FATHER'S NAME: _____ AGE: _____

MARITAL STATUS OF PARENTS

MARRIED: _____ SEPARATED : _____ DIVORCED: _____
 IS THERE A CUSTODY ARRANGMENT WE SHOULD KNOW ABOUT? YES NO
 ARRANGEMENT _____
 IS THE CHILD ADOPTED? YES NO DOES THE CHILD KNOW? YES NO

SIBLINGS

NAME: _____ AGE: _____ GRADE: _____
 NAME: _____ AGE: _____ GRADE: _____
 NAME: _____ AGE: _____ GRADE: _____
 NAME: _____ AGE: _____ GRADE: _____

OTHER MEMBERS IN THE HOUSEHOLD: _____

WHO CARES FOR YOUR CHILD WHEN THEY ARE NOT AT SCHOOL? _____
 HAS YOUR CHILD HAD ANY PLAY GROUP EXPERIENCES? YES NO
 WHERE: _____
 APPROXIMATE HOURS A DAY WATCHING TV? _____
 PROGRAMS WATCHED? _____

AGE AT WHICH YOUR CHILD:

CRAWLED: _____ SAT UP ALONE: _____ WALKED ALONE _____
 1ST WORD: _____ SLEPT ALL NIGHT: _____ POTTY TRAINED _____

WHAT TIME DOES YOUR CHILD USUALLY

GO TO BED? _____ WAKE UP? _____
 EAT BREAKFAST? _____ EAT LUNCH? _____ EAT DINNER? _____
 DOES YOUR CHILD HAVE ANY EATING PROBLEMS? _____
 DOES YOUR CHILD HAVE ANY DIETARY RESTRICTIONS? _____

DOES YOUR CHILD HAVE ANY FEARS WE SHOULD KNOW OF? YES NO
 Please list here: _____

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES?

DOES YOUR CHILD HAVE A FAVORITE TOY?

ARE THERE ANY SPECIAL TRADITIONS, CELEBRATIONS OR SONGS THAT ARE ESPECIALLY IMPORTANT TO YOUR FAMILY AND YOUR CHILD?

HOW WOULD YOU LIKE US TO SUPPORT YOUR CHILD'S HERITAGE AND CULTURAL IDENTITY IN SCHOOL?

WHAT ARE YOUR CHILDS GREATEST STRENGTHS?

WHAT DO YOU WANT YOUR CHILD TO LEARN IN OUR PROGRAM?

CHILD'S NAME: (Please Print) _____

PARENT SIGNATURE: _____ DATE: _____



Sandbox Early Learning Centers

PESTICIDE APPLICATION REGISTRY NOTICE

Dear Parents, Guardians and Staff:

Sandbox School practices Integrated Pest Management, a program that combines preventative techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. The term "pesticide" includes insecticides, herbicides, rodenticides, and fungicides. _____ is our indoor pest control company. We also have a licensed applicator apply the fertilizers and weed control to our grass areas.

Pesticides will not be applied when children are present at the center. Lawn care products will not be applied to daycare center grounds when children are present at the center or on its grounds.

Sandbox School has an established registry of people who wish to be notified prior to application of pesticides or lawn care products. To be included in this registry, please complete the form below and submit it to the center director.

Notification for lawn applications will always be posted on the doors prior to application.

I **would / would not** like to be notified two days before the use of pesticides at Sandbox Schools. I understand that if there is an immediate threat to health or property that required treatment before notification can be sent out, I will receive notification as soon as practical.

Family name: _____

Signature: _____ Date: _____

Child's Name: _____ Home Phone: _____



Sandbox Permission Slip

Please sign and return to school as soon as possible

I hereby grant permission for my child to use all of the school play equipment and participate in all activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to attend an alternative field trip should the original trip be cancelled or made unavailable for some unexpected reason.

I hereby grant permission for my child to participate in saying prayer before snacks and mealtime.

I hereby grant permission for my child to be included in photos and videotapes connected with the school program.

I hereby agree to cooperate in providing health information, deemed necessary by a medical professional, in the case of a Bloodborne Pathogen exposure.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you or your authorized persons listed on the emergency information form you completed for us on the registration form.
4. If we cannot contact you or your child's physician we will do any or all of the following:
 - A. Call an ambulance or paramedics.
 - B. Have the child taken to an emergency hospital in the care of a staff member.
5. Any expense incurred under #4 (above), will be the responsibility of the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of the enrollment.
7. Administer first aid.

My child's name: _____

Signed: _____ Date: _____

Mother or Guardian

Signed: _____ Date: _____

Father or Guardian



SANDBOX SCHOOLS VIDEO/WEBSITE FORM

Your signature below indicates permission granted to Sandbox Schools or its agents, representatives, or employees to include the picture in a newspaper article, videotape, photograph, power point and/or website for purposes of the highlighting the Sandbox Experience

I understand the purpose of the videotaping, newspaper article, photograph, powerpoint and/or website is for:

1. Highlighting an accomplishment
2. Bulletin boards representing daily activities and or work
3. Observing behaviors during role-playing activities
4. Presentations for parents and students during orientation and end of year activities
5. Information to parents and students on Sandbox Schools
6. Presentations to groups for community support of program, including school staff and related personnel

I also understand that the Sandbox staff will use their best judgment in content of newspaper articles, photographs, taping of individuals/groups in activities and the content of the website.

- I give my permission for my child to be photographed and/or videotaped for the purposes of Sandbox Schools.
- I do not want my child's image to be videoed or taken for display of any kind

Signature of Parent or Guardian

Date

Student



COMMUNICATION BETWEEN PARENT & SCHOOL

Communication is key to the success of any relationship, whether it be husband and wife, parent and child, or school and family. In keeping with our trend of continuing to provide safe, fun and educational experience for your child, we would like to use electronic communication with our parents.

Electronic communication allows us to keep you up to date on the events and activities at your Sandbox. These communications might be about field trips, class room activities, special occasions or other notices we know our parents want to receive.

To be able to provide you with this service, we ask that you provide us with your e-mail address, or addresses. Please use the email that you use most often during the day for the primary address.

Name of Parent: _____

Primary E-mail Address: _____

Secondary E-mail Address: _____

Child's Name: _____

Class: _____

Child's Name: _____

Class: _____

Child's Name: _____

Class: _____

Child's Name: _____

Class: _____



ALLERGY FORM

Child's Name: _____

Allergy Type:

Food

- | | | | |
|----|-------|---------------------------------|---|
| 1. | _____ | <input type="checkbox"/> Severe | <input type="checkbox"/> Epi-Pen Needed |
| 2. | _____ | <input type="checkbox"/> Severe | <input type="checkbox"/> Epi-Pen Needed |
| 3. | _____ | <input type="checkbox"/> Severe | <input type="checkbox"/> Epi-Pen Needed |
| 4. | _____ | <input type="checkbox"/> Severe | <input type="checkbox"/> Epi-Pen Needed |

Other

- | | | | |
|----|-------|---------------------------------|---|
| 1. | _____ | <input type="checkbox"/> Severe | <input type="checkbox"/> Epi-Pen Needed |
| 2. | _____ | <input type="checkbox"/> Severe | <input type="checkbox"/> Epi-Pen Needed |
| 3. | _____ | <input type="checkbox"/> Severe | <input type="checkbox"/> Epi-Pen Needed |
| 4. | _____ | <input type="checkbox"/> Severe | <input type="checkbox"/> Epi-Pen Needed |

Other Instructions

Parent Signature: _____ Date: _____

Pediatrician Name: _____ Phone: _____

I/We certify that the information provided is accurate and complete:

Signature: _____

Date: _____

Signature: _____

Date: _____

For school use only:

Illness: _____ Date: _____

Illness: _____ Date: _____

Illness: _____ Date: _____

Illness: _____ Date: _____

Illness: _____ Date: _____

Illness: _____ Date: _____

Accidents:

Other Health Information:

Cumulative Record

Name of Child: _____

Date of Birth: _____

Date started school: _____

Attendance Record: Excellent: _____ Good: _____ Irregular: _____ Poor: _____

Comments on school progress:



Parent Check List for Application Submission:

FILE REGISTRATION CHECKLIST

This is the basic list for all Sandbox Schools –

Please check with your school of registry for any other required forms.

- Admission Application
- Emergency Card
- Tuition Agreement
- Permission Form
- Waiver Agreement
- Health Form
- Allergy Form
- Pesticide Registry Form
- Illness Policy
- Discipline and Guidance Policy
- Late Pick Up Acknowledgement
- Birth Certificate (must see original)
- Family History Form
- Lead Information Form
- Video/Website Agreement
- E-mail Communication Form

Other Forms Required by Center (below)
