

The Growing Patch Academy

ENROLLMENT PACKET



PLANT A SEED WITH US, WE PROMISE THE HARVEST WILL SURPASS YOUR EXPECTATIONS!

We would like to hear from you
thegrowingpatch24@gmail.com

Come and visit us at:
<http://growingpatchacademy.com>

Phone:
808-367-1993
808-763-9451 Cell

Director
Rosie Batallones

Parent Agreement Form

SY 2018 -2019

MISSION

At the Growing Patch Academy, we believe in the value and uniqueness of each child. Our childcare & preschool programs are designed to promote each child's individual, social, emotional, physical, creative, and cognitive development.

As educators, our mission is to provide a safe and developmentally appropriate learning environment, which fosters a child's natural desire to explore, question, discover, create, and develop into a lifelong learner.

"Our mission is simple; we provide quality childcare & preschool program for not just one specific family or child, but instead for all."

PHILOSOPHY

"Every time we teach children something we keep them from inventing it themselves. On the other hand, that which we allow them to discover for themselves will remain with them ... for the rest of their lives." - Jean Piaget

At the Growing Patch, we provide a safe and nurturing learning environment for children that promote social, emotional, physical, creative, and cognitive development. The foundation for lifelong feelings of self-worth and a love of learning are developed through a child's experience both at home and at school. Developing respect and mutual understanding between home and school is essential for children's success. We encourage home to school connections and families to be involved in their child's school experiences.

Encouraging children to make choices about the activities they would like to pursue promotes children's optimal learning via this active exploration. The primary tasks of the early years of life are learning about self and the world, relationships, the nature of objects, and materials. Creating a learning environment where children are supported and guided by adults who encourage learning through repetition, play and emotional involvement, through trial and error, imitation, and identification with peers and significant adults.

2018 PARENT HANDBOOK:

The Growing Patch 24-hour Children's Academy Parent's Handbook will be provided at the time of the Parent Orientation. Parents are required to attend the scheduled Parent's Orientation at which time the contents of the handbook will be reviewed.

THE GROWING PATCH CHILDREN'S ACADEMY DAYS & HOURS:

Monday – Friday during the hours of 4:30 a.m. – 9:30 p.m. Our regular school days are Monday through Friday from 7:00 a.m. to 5:30 p.m. Overnight care hours are 6:00 p.m. to 6:00 a.m.

The Growing Patch 24-hour Children's Academy is closed on all Federal holidays, and other training days as announced.

Tuition fees are used to provide the highest possible quality care and learning environment for your child.

Tuition and Fees: All

| Select Program | Ages | Programs/ Prices | | | | |
|-----------------------|------|----------------------|----------------------|----------------------|-----------------------|----------|
| | | Full Time | Half Day | 4 Day | 3 Day | 2 Day |
| | 2.5 | \$1,175.00 | \$700.00 | \$1,075.00 | \$725.00 | \$375.00 |
| | 3 | \$1,150.00 | \$650.00 | \$1,000.00 | \$675.00 | \$350.00 |
| | 4 | \$1,000.00 | \$600.00 | \$925.00 | \$625.00 | \$325.00 |
| | 5 | \$1,000.00 | \$600.00 | \$925.00 | \$625.00 | \$325.00 |
| Overnight Care | | | | | | |
| | All | Monthly | | Weekly | | |
| | | \$1,300.00 | | \$350.00 | | |
| Block Hours | | | | | | |
| | All | 10hours/ \$150.00 | 25hours/ \$260.00 | 50hours/ \$425.00 | 100hours /\$780.00 | |

*Prices do not reflect 4.712% Tax

Block hours can NOT be used in place of any full day program

TUITION ASSISTANCE: Child care aware assistance & 10% discount for Military or siblings

APPLICATION: There is a \$50.00 Registration fee, (non-refundable). If a vacancy is available, interested parents whose child meets the Admission Requirements will have five (5) working days to complete registration forms and submit the non-refundable Registration Fee. The registration fee is assessed in order to secure your child's space for an upcoming session. Once the fee has been received, your child is considered enrolled for the School Year. Registration fee is forfeited in the event the application is withdrawn.

The Growing Patch 24-Hr Children's Academy 99-080 Kauhale St. Ste.14 Aiea, Hi 96701

- DEPOSIT FEE: There is a \$ 400.00 (non-refundable) fee and will be credited **ONLY** to the last month's tuition, due upon acceptance. Refundable after the child exits the TGPCA program and after all outstanding balances are paid
- COMPREHENSIVE FEE: The Comprehensive Fee is \$150.00, (non-refundable) due upon entry onto the School Year. This is an annual fee each year. It covers school supplies for the year, Learning trips, reservations, special art projects, transportation for most sessions, and consumables.
- Late tuition: \$15 per day including weekends
- Returned check fee: \$ 40.00

Confirmation Letter of Acceptance

A confirmation letter is sent to you by email/ mail/ in person, informing you that a space for your child is available. You will have 14 days in which to decline or accept the space at which time the deposit of \$400.00 is paid. This must accompany the response confirming acceptance. This deposit, which is nonrefundable, will hold the space for your child and will be credited to the last month's tuition.

One week before entry in to the Growing Patch Academy the following forms must be completed and returned to the Director, Emergency Form, Child Information Form, Pupils Health Form & 908 Form, Release Forms, Learning Trip Form, Medication Form and the Contract Form which must be signed by both parents and the director. Upon receipt of all signed paperwork the tuition is now DUE.

All forms of payment are accepted. Make Checks Payable to The Growing Patch Children's Academy

Once The Growing Patch 24-hour Children's Academy Director signs the Parent Agreement, the child's tuition payment is due regardless of the number of days, and/ or holidays, in the month.

TUITION PAYMENTS:

All tuition payments are due on the **1st day of the month**. Your account will be considered delinquent after the **5th day** of the month and will be subject to a \$15 per day (including weekends) late payment fee. Parent(s) is (are) responsible for paying tuition for the ENTIRE session checked above. If payment is NOT received after notification by The Growing Patch 24-hour Children's Academy, collection proceedings may commence and you will be responsible for costs and expenses including but not limited to, reasonable attorney's fee incurred in connection with enforcing the terms of this agreement.

Payment NOT received by the 3rd of the month: Notice will be sent home

Families that are more than 2 weeks, or \$800 behind in payments may have their child care services terminated. Parents **WILL** remain responsible for paying the FULL tuition amount.

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Withdrawal Notice: 30 days written notice is required or the parent is responsible for an additional month's tuition.

Food & Nutrition: The Growing Patch Children's Academy will use a catering company to provide lunch and dinner for the children, all approved by the Office of Child Nutrition and the USDA, and reviewed annually by a qualified nutrition consultant. All catered meal will be provided by Queen Street Cafe. We believe that every child needs to eat a healthy, balance meal. Menus will be available for each month of food service, which is also approved by the Office of Child Nutrition through USDA. AM, PM snacks and lunch and dinner are provided by the school.

Children are encouraged, but not required to eat the food provided by our school, and the food is not used as a punishment or a reward. On learning trip days, Queen Street Cafe may also provide a "sack lunch" style meal for our convenience.

Full Name of Child (Legal): _____ Birth Date _____
Last First Middle

Home Address _____ City/State/Zip _____ Home Phone _____

By signing this agreement, I (we) acknowledge that I (we) have read and fully understand the above statement and agree that I (we) will be responsible for all personal, legal, and financial obligations. I (we) also agree to read and abide by all The Growing Patch 24-hour Children's Academy handbook, forms, policies and procedures as stated in the 2018 Parents Handbook.

Name of Father/ Legal Guardian (Print) Date

Name of Mother/ Legal Guardian (Print) Date

Signature:

Signature:

Father's Phone: _____

Mother's Phone: _____

Note: If divorced, the registered parent(s) **must** provide The Growing Patch 24-hour Children's Academy the **legal proof of legal custody or guardianship**, such as a copy of the legal court document that declares full / joint custody to the registered parent(s).

Accepted by The Growing Patch 24-hour Children's Academy

Director: _____ Date: _____

Rosie Batallones

The Growing Patch 24-hour Children's Academy and/or Director reserves the right to refuse service at any time.

AUTHORIZATION TO DISCLOSE CHILD'S INFORMATION

School Year 2018-2019

Please disclose information on my **child (name):** _____

To the following:

Pediatrician: _____

DHS Licensing: _____

Child Abuse Agency: _____

Police: _____

School to School _____

Other: _____

I hereby give my written permission to disclose information on my child(ren)

Parent/Guardian Signature

Date

Print Name

AUTHORIZATION TO ADMINISTER MEDICATION

School Year: 2018-2019

Please give my **child (name):**

The following:

Cream/Lotion:

Sunscreen and Insect Repellent:

Medication:

As prescribed by his/her **Physician:** _____

Dosage To Be Given: _____

Time (s) Dosage Is To Be Given: _ _____

Date (s) Medication Is To Be Given: _____

I understand that all medication to be given to my child must meet the following criteria:

1. The medication must be in its original container with the child's name and his/her physician's name and prescription on it. Dosage and time to be administered
2. The child is clear of any illness and/or fever symptoms.
3. **Over the counter medication will not be accepted unless it is accompanied by a physician's prescription**

As agreed in my/our Overall Parent Permission form, I and/or my spouse do not and will not hold The Growing Patch 24-hour Children's Academy or any of its staff members, nor its affiliates responsible for any adverse effect concerning the administration or failure to administer medications, lotions, creams, and sunscreen. I assure full responsibility for granting this permission.

Signature of Parent/Legal Guardian

Date Signed

Print Name

Date

| Physician | Medication | Date | Dosage | Time | Int. In/Out |
|-----------|------------|------|--------|------|-------------|
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PHOTO AND / OR STORY RELEASE

School Year 2018-2019

I hereby give The Growing Patch 24-hour Children's Academy permission to use photographs of my child, alone or with others; products created by my child; and general information stories about children in the Academy and their activities for purposes of display or publication in newsletters, newspapers, magazines, journals, books, or advertisements sponsored by The Growing Patch 24-hour Children's Academy. I understand there will be no pay of remuneration.

Parent Signature or guardian

Date

Print Name

EMERGENCY CONTACT FORM School Year 2018-2019

CHILD'S NAME _____ BIRTH DATE _____ TELEPHONE _____

ADDRESS _____

FATHER'S NAME _____ DAY-TIME TELEPHONE _____

MOTHER'S NAME _____ DAY-TIME TELEPHONE _____

LEGAL GUARDIAN'S NAME _____ TELEPHONE _____

LEGAL GUARDIAN'S ADDRESS _____

LEGAL GUARDIAN'S ADDRESS _____

PERSONS WHO MAY PICK UP YOUR CHILD IF (S) HE BECOMES ILL. THESE PEOPLE WILL ACT AS YOUR CHILD'S EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____ TELEPHONE _____

ADDRESS _____ CELL _____

NAME _____ RELATIONSHIP _____ TELEPHONE _____

ADDRESS _____ CELL _____

NAME _____ RELATIONSHIP _____ TELEPHONE _____

ADDRESS _____ CELL _____

PERSONS WHO WILL BE ALLOWED TO PICK UP YOUR CHILD FROM SCHOOL. NO OTHERS WILL BE ALLOWED TO PICK UP YOUR CHILD WITHOUT SPECIAL PERMISSION FROM YOU.

NAME _____ RELATIONSHIP _____ TELEPHONE _____

ADDRESS _____ CELL _____ NAME _____

_____ RELATIONSHIP _____ TELEPHONE _____

ADDRESS _____ CELL _____

NAME _____ RELATIONSHIP _____ TELEPHONE _____

ADDRESS _____ CELL _____

DOES YOUR CHILD HAVE ANY PRE- EXCISTING MEDICAL CONDITIONS, DIETARY OR PHYSICAL RESTRICTIONS OR SPECIAL ATTENTION YOUR CHILD MAY REQUIRE?

DESCRIBE _____ ALLERGIES? _____

YOUR PERMISSION IS REQUIRED FOR THE GROWING PATCH TO PROVIDE EMERGENCY MEDICAL CARE FOR YOUR CHILD. IN AN EXTREME EMERGENCY WE WILL GET IMMEDIATE MEDICAL CARE AT HAWAII PACIFIC HEALTH, PALIMONI, 98-1079 MOANALUA ROAD, AIEA 96701 PHONE (808) 486-6000 AND WE WILL NOTIFY YOU THAT TREATMENT IS BEING PROVIDED.

PARENT/ GUARDIAN SIGNATURE. I GIVE MY PERMISSION TO USE THIS HEALTH SOURCE

SIGNATURE _____ **DATE** _____

PLEASE PROVIDE US WITH THE NAME OF YOUR CHILD'S DOCTOR, PEDIATRICIAN _____

ADDRESS _____ TELEPHONE _____

WE WILL ATTEMPT TO CONTACT YOUR PREFERRED DOCTOR, PEDIATRICIAN.

MEDICAL INSURANCE PLAN _____ PLAN NO. _____

MAY WE TAKE A PHOTO OF YOUR CHILD TO ACCOMPANY THIS FORM? **YES** _____ **NO** _____

CHILD INFORMATION FORM 2018 School Year

This is for you to share pertinent information about your child. This will help us to understand your child and provide the best possible program for him or her. Your child's care during the day is a responsibility we share.

CHILD'S NAME _____

ADDRESS _____

PHONE NUMBER _____ BIRTHDATE _____

FAMILY INFORMATION & OTHER CHILDREN IN THE HOME

| | NAME | NICKNAME | DATE OF BIRTH |
|----|-------|----------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Has your child attended a previous preschool or playgroup before? _____

Where? _____ Dates Attended? _____

What language is spoken at home? _____

If there is any type of activity from which you wish your child be excluded from for religious or other beliefs?

HEALTH

What communicable diseases has your child had?

Measles (red of 3 day) _____ Mumps _____ Chicken Pox _____ Whooping Cough _____

Other _____

Any other serious illness of hospitalization? _____

Any physical disabilities? _____ Any known allergies? _____

How many colds in the past year? _____

Any special instructions if child becomes ill?

EATING

What are his/her favorite foods? _____

What foods are refused? _____

Any eating problems? _____

Does child eat with spoon? _____ Fork? _____ Hands? _____

TOILET HABITS

What word is used for urination? _____ For bowel movements? _____

Does child have accidents? _____ How does he/she react to them? _____

Does he/she wet his bed at night? _____

SLEEPING

What time does child go to bed? _____ What time does child wake up in the morning? _____

Does child walk, talk, or cry out at night? _____

Does your child take naps at home? _____

SOCIAL RELATIONSHIPS

How does your child express his/her needs? _____

Has he/she had experience with other children? _____

What age children does your child prefer to play with? _____

Does he/she prefer to play alone or with a group? _____

Does he/she know any other children at our school? _____ Who? _____

Do you feel he/she will adjust easily to the school situation? _____

What make him/her mad or upset? _____

What do you find is the best way of handling him/her? _____

Who does most of the disciplining? _____

How is he/she disciplined? _____

Is he/she frightened by any of the following: Animals? _____ The dark? _____ Storms? _____

Rough children? _____ Loud noises? _____ Anything else? _____

Has he/she had experience with scissors? _____ Water Play? _____

COMMENTS

Any other information about your child or family that will help us better serve your family? _____

What do you hope your child will gain from attending The Growing Patch?

LEARNING TRIP PERMISSION SLIP

Dear Parent or Guardian:

A learning field trip has been scheduled for your child's class. DHS policy requires each child to have advance written permission to go on all field trips. *Students who do not have prior written permission will not be able to participate in the field trip.*

Please complete the lower section of this form and return it to school immediately.

Thank you.

Teacher: _____ Date: _____

Daily field trip _____ Approximate Time: _____

Destination: Library, Neighborhood Walks, Parks, Bowling, and Outdoor Play

Your child will need: Walking shoes, Sun Screen, Cap _____

Mode of transportation: Bus _____ School Van _____ Walking Carpool _____

Sign, detach and return this portion to school

I have read the information above and give my permission for _____
(Student's name)

From _____ to attend the field trip to _____
(school)

On _____ at _____. I understand that my child will be traveling
(date) (approximate time)

By bus _____ school van _____ walking carpool _____ (please check the appropriate one).

Teacher: _____ Classroom: _____

Signed By:

Parent/guardian



School Supplies List

| | |
|--|--|
| 1 small blanket* | *Due to limited space please make sure it fits in your child's cubby |
| 1 small pillow* | |
| Pack of pull ups (potty training) | Average of 6-8 pull ups a day for potty training |
| Pack of flushable wipes | Please provide replacement before it runs out (empty) |
| 1 Wallet size photo | Cubby photo (children who are not yet able to read helps them to be independent identifying their own cubby. |
| 1 Family photo | Will be displayed around the child's classroom, photos of families helps children to adjust better in a new environment away from home |
| 1 Set of extra changing clothes (Top, bottom, underwear & socks) Please put in a Ziploc bag | Children make mess or accidents sometimes especially when they are so engaged with activities in school. |
| **Please make sure all your child's belongings including socks are labeled with your child's name** | |