

DROPOFF LEARNING LAB!

Childcare Registration and Emergency Information

The Learning Lab at Cowabunga's!
 725 Huse Road, Manchester, NH 03103
www.mycowabungas.com
learninglabnh@mycowabungas.com
 (603) 935-9659



TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program and must be updated whenever information changes. You must also complete a new form annually if changes need to be made.

Child's name:	Date of Enrollment:
Address:	
Phone number:	Date of Birth:

IDENTIFYING INFORMATION OF PARENTS OR LEGAL GUARDIAN RESPONSIBLE FOR CHILD:

Name:	Name:
Home Address if different:	Home Address if different:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:

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PLEASE INDICATE WHERE THE PARENT/ GUARDIAN ABOVE CAN BE REACHED WHILE CHILD IS IN CARE:

Business Name:	Business Name:
Business Address:	Business Address:
Business Phone number:	Business Phone number:
Special Instructions for reaching parent or guardian:	

EMERGENCY CONTACTS: You (Parent/guardian) are required to list at least one person with whom you would feel comfortable leaving your child and could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: If your child were sick and if you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATIVE PICK UP PERSONS:

I _____ Authorize the
 (PARENT OR GUARDIAN) (DATE SIGNED)

Following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:



CONTRACT FOR SERVICES

We are glad that you have enrolled for The Learning Lab at Cowabunga's. The following contract is to be completed and signed by the parent/guardian before services begin. Please read over all the policies and fees before signing the contract. If you have any questions regarding fees, policies or practices please feel free to discuss them with the site director!

Today's Date: _____

Child's Name: _____ D.O.B.: _____

Hours of Care Needed:

Times	Monday	Tuesday	Wednesday	Thursday	Friday	
Drop off Time						
Pick Up Time						
Weekly Cost						\$

Tuition Rates	7:30 to 2:30	7:30 to 2:30 (sibling rate)	7:30 to 5:00	7:30 to 5:00 (sibling rate)
Daily	\$60	\$55	\$65	\$65
Weekly	\$225	\$200	\$250	\$225

(Please submit payments by Friday of the week before)

Late Pick Up

The Learning Lab closes promptly at 2:30 p.m with extended care going until 5:00 pm. Any family arriving after their scheduled pick up time will be charged a late pick up fee of \$1.00 per minute. This payment is due at the time of pick up.

Holidays

The Learning Lab will be closed for the days listed below. Regular tuition fees are still due for holiday days. Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day,

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Veteran's Day, Thanksgiving and the day after. We will also be closed during Winter Vacation, February Vacation and April Vacation, unless notified differently. No tuition will be charged during these weeks.

Absences

The Learning Lab does not provide sick care. Please make sure to reference the illness guidelines policies included in your parent packet or call the center with any questions. Tuition rates will not differ during weeks in which your child may be absent due to illness or family emergencies.

Health Screenings & COVID-19

The Learning Lab will do health screenings of your child upon entry into our program each morning. If your child has a temperature of over 100, we will ask that you take your child home for a sick day, even if there are no other symptoms.

Cowabunga's & The Learning Lab Property

Cowabunga's and The Learning Lab provides a fun and nurturing environment. It is expected that minor incidents can occur when center materials may be damaged. In the event that a child or family member intentionally destroys The Learning Tree property valued at over \$100.00, the family will be responsible for the replacement of that property.

Behavioral Concerns

The Learning Lab believes that all children deserve a safe place to complete their remote learning.. Occasionally, we find that some children do not flourish in this setting and may be asked to leave the program. Care may also be terminated in the event that a child becomes violent with other children, staff or members of the Cowabunga's family. The Learning Lab has a behavior guideline policy that they will use in these circumstances. You may request a copy of this policy from the office. In the event that care needs to be terminated we will allow for 2 weeks to find alternative care with the exception of violent behavior where care will be terminated immediately.

Termination for non-payment

The Learning Lab tuition is charged on a weekly basis. Tuition is due Friday by 5 pm. Payments received after this time is subject to a \$10.00 per day late fee payable immediately. If your account is more than one week behind, we reserve the right to terminate care immediately until your account is brought up to date.

Payments/Bounced Check Fee

The Learning Lab accepts cash, checks and credit cards for payments. You may also sign up for automatic payments. Forms are available in the office. If a check is returned for non-sufficient funds or for any other reason you will need to submit a new check and include a \$25.00 bounced check fee. After (2) returned checks we will require that payment be made in an alternative form.

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The Learning Lab at Cowabunga's reserves the right to change policies as it becomes necessary. Families will receive an updated copy of the policies for their review. By signing this contract parents/guardians and the provider agree to abide by the written policies stated above as well as policies provided in the Parent Handbook.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

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Alternative Transportation Arrangements

If, in the opinion of the staff members of the Learning Lab, you (the parent/guardian) of _____ (child's name) Arrives unable to transport the child/ren safely, We will urge you to make alternative arrangements.

Options include:

1. Calling an alternative pick-up person who can bring both you and the child/ren home safely.
2. Calling a taxi to bring both the parent and child/ren home safely. Parents will be asked to pay for the fare for the transportation,
3. Another mutual agreement option:

_____.

If you are unwilling to cooperate or agree to any of the above options and insist on transporting your child in an unsafe condition we will notify the police and make a report to them.

For the safety of all children at this childcare we appreciate your cooperation

Parent/Guardian: _____

Date: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

By signing below I the (parent/guardian) have read the parent handbook and understand The Learning Lab guidelines, rules, regulations and policies and rules mentioned above apply for the extended care and all programs associated with The Learning Lab here at cowabungas.

Parent/Guardian: _____

Date: _____

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HEALTH INFORMATION

Please list any chronic conditions, allergies or medications that could be important in case of sudden illness or injury.	
Chronic Conditions	
Known Allergies	
Medications	
Injuries	

Child's Physician:	Phone number:
Physician's Address:	Hospital Choice:
Child's Dentist :	Phone Number :

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

I hereby give permission for the staff of The Learning Lab to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature: _____ Date: _____

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PERMISSIONS & RELEASES

PICTURES

- I **GIVE** permission for my child to be photographed during activities at the Learning Lab.
- I **DO NOT** give permission for my child to be photographed during activities at the Learning Lab.

Parent/guardian Signature: _____ Date: _____

SOCIAL MEDIA & WEBSITE

- I **GIVE** permission for my child's pictures to be displayed in the Learning Lab, on public social media posts, private Facebook parent groups and/or on the public Cowabunga's website.
- I **DO NOT** permission for my child's pictures to be displayed in the Learning Lab, on public social media posts, private Facebook parent groups and/or on the public Cowabunga's website.

Parent/guardian Signature: _____
Date: _____

DAILY ACTIVITIES

I **GIVE** permission for my child to use the indoor equipment and participate in all activities within The Learning Lab at Cowabunga's. Activities include group games, crafts, science and more!

Parent/guardian Signature: _____ Date: _____

FIELD TRIPS

I give my child permission to take occasional day trips and walks outside.

Parent/guardian Signature: _____ Date: _____

SPECIAL SNACKS & TREATS

I **GIVE** permission for my The Learning Lab to give my child special snacks and treats as earned by great behavior and hard work during their time with us.

Parent/guardian Signature: _____ Date: _____



Cowabunga's Playground Release Form

Parent(s) Name(s) _____

Child's Name(s) _____

DOB _____ Phone Number _____

Address _____

I hereby consent my child _____ to use all of the playground equipment at Cowabunga's Play Center. Equipment of the playground includes climbing structures, inflatables, slides, bikes, scooters, hula hoops, balls, etc. I recognize that injuries may occur. I fully understand that the members of The Learning Lab at Cowabunga's are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow the staff members of The Learning Lab at Cowabunga's to render first aid to my child or children in the event of any injury or illness. Furthermore, if deemed necessary by The Learning Lab at Cowabunga's, I give them my permission to call 911 to seek medical help, including transportation to any health care facility or hospital.

I hereby release The Learning Lab at Cowabunga's, its employees, and owners from all liability for any and all damages and injuries suffered by my child (ren) while playing with/on the playground equipment. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for my child (ren) protection and my own protection. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian

Signature Date



Assumption of the COVID-19 Risk and Waiver of Liability

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact.

The Learning Lab at Cowabunga's has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. The Learning Lab at Cowabunga's has made an informed decision about preventative measures from such bodies as the CDC, State and local government, and amongst other agencies, the State Department of Education. That being said, all of our preventative measures which include but are not limited to hand washing requirements, sanitation requirements, mask wearing in certain circumstances, and other such measures cannot be exhaustively listed in this document. The Learning Lab at Cowabunga's is making its best effort to protect all individuals involved from risk of contracting COVID-19. Should you have further questions about specific measures that The Learning Lab at Cowabunga's has put in place, please contact us at your convenience. **Further, attending The Learning Lab at Cowabunga's could increase your risk and your child(ren)'s risk of contracting COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending The Learning Lab at Cowabunga's and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Learning Lab at Cowabunga's may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Learning Lab at Cowabunga's employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at The Learning Lab at Cowabunga's or participation in The Learning Lab at Cowabunga's Childcare programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless The Learning Lab at Cowabunga's its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of The Learning Lab at Cowabunga's, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any The Learning Lab at Cowabunga's program.

Parent/Guardian Signature

Date

Name of child