



PALISADES CHRISTIAN  
**LearningCenter**

# Registration Form and Rates 2026-2027





# Palisades Christian Learning Center Full Time/ Part Time Agreement

Child's Name: \_\_\_\_\_ Classroom \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Age: \_\_\_\_\_ Potty trained/ Not potty trained: \_\_\_\_\_

My child will be attending:      Full Days      Half Day

Number of Days per Week: \_\_\_\_\_ Our Operating hours are 7:00 AM to 5:00 PM, M-Th. Only to 4 on Friday.

Days:            Monday            Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

                  Tuesday            Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

                  Wednesday        Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

                  Thursday            Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

                  Friday                Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Monthly Tuition: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An annual registration fee of \$100.00 per child is required for enrollment. The registration fee is renewable each year. The fee covers consumable materials and learning supplies. Each family will still need to supply a lunch, 2 snacks, diapers, wipes and bedding if required (see Handbook).

Payments are due by the 5<sup>th</sup> of the month. Payments are to be made prior to service. Parents who pick up their children after 5:00 pm will be charged a late fee of \$5 per 5 minutes. (See Handbook)

## Due upon enrollment

I hereby acknowledge that I have discussed, read and understand the Palisades Christian Learning Center Policies and Parent Handbook, and I agree to follow the procedures.

- I understand that if at any time I have questions, concerns or comments, I may openly discuss them with the Palisades Christian Learning Center Providers for immediate action, if at all possible.
- I have completed all the paperwork including the CIS form and have submitted them.
- I read and understand Emergency/Disaster Plan provide by PCLC
- I understand that my child may have information in his/her cubby and/or drawer. It is important to check it daily. PCLC will send important messages through the Brightwheel childcare app, email, phone calls. I understand I need to use the app to sign in/out my child every day and to communicate with my child's teacher.

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

*All rights reserved at the discretion of any/all Palisades Christian Learning Center and School staff to have a guardian or parent removed from the premises for the safety and welfare of the children and staff.*



PALISADES CHRISTIAN  
**LearningCenter**  
Reach \* Teach \* Grow

## ABOUT MY CHILD

To help us get to know your child and your family, please answer the following questions.

1. Has your child ever been in childcare before? YES NO
2. Does your child speak more than one language? What is the primary home language?  
\_\_\_\_\_
3. Are there some cultural events that are special to your family and that you would be willing to share with your child's class? Would you please share?  
\_\_\_\_\_  
\_\_\_\_\_
4. What is your church affiliation? \_\_\_\_\_
5. Where do you see your child's development? \_\_\_\_\_  
\_\_\_\_\_  
Is it where you would expect it? Behind? Advanced? Do you have any concerns?  
\_\_\_\_\_
6. How does your child interact socially with others? Please share examples?  
\_\_\_\_\_  
\_\_\_\_\_
7. Are there pets and/or other siblings in the family? Anyone else that lives with you? Please share their names and ages of siblings. Send a family picture for your child's teacher and classmates. We want to include them too.  
\_\_\_\_\_  
\_\_\_\_\_
8. How does your child learn best? What is their learning style?  
\_\_\_\_\_

# AUTHORIZATION PICK UP FORM

A. The following people **HAVE** permission to pick-up the child named below from [Palisades Christian Learning Center](#). It is the parent's responsibility to notify me in writing of any changes.

Child's Name	DOB	Age	Sex
--------------	-----	-----	-----

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

B. The following people **MAY NOT** pick-up my child(ren) from [Palisades Christian Learning Center](#)

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Note: Any person unfamiliar to me will be required to show proof of identification. Under **NO** circumstances will the child be released to anyone other than those listed above without **WRITTEN** permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

Father/Guardian's Signature	Date	CELL:  WORK:
Mother/Guardian's Signature	Date	CELL:  WORK:



PALISADES CHRISTIAN  
**LearningCenter**  
 Reach \* Teach \* Grow

## PHOTO RELEASE

Throughout the year, photographs and video of the children are taken during activities and events. These photographs and recordings are used for in program use (bulletin boards, newsletters, yearbook, in-class projects, Teacher training, etc.) and, with permission, on our program's Facebook page and website. We also use a childcare app called Brightwheel to communicate with our parent's/ guardians and share pictures of your child's learning environment.

### Regarding in-house use (check one box):

- I give my permission for images and video to be used by the program for in-house activities (bulletin boards, yearbook, newsletters, in-class projects, holiday program, Teacher training, etc.)
- I do NOT give my permission for in-house use.

### Regarding online use (check one box):

- I give my permission for images and video to be used by the program on their Facebook page and/or the website.
- No, I do NOT give my permission for Facebook and Website use.

### Regarding Childcare App Brightwheel (check 2):

- I give permission for Palisades Christian Learning Center to send pictures of my child through Brightwheel.
- I do not give permission for Palisades Christian Learning Center to send pictures of my child through Brightwheel.
- I give permission for Palisades Christian Learning Center to include my child in group photos that will be sent to other parents from PCLC through Brightwheel.
- I do not give permission for Palisades Christian Learning Center (PCLC) to include my child in group photos that will be sent to other parents from PCLC through Brightwheel.

I understand that I have the right to request the removal of photos from the Facebook page or the website or childcare app at any time. I understand that I cannot download pictures that contains other students to share them with others and/or online. By signing below, I acknowledge my understanding of the above and grant my permission for the use as specified above.

\_\_\_\_\_  
 (please print child's name)

\_\_\_\_\_  
 (please print parent/legal guardian's name)

\_\_\_\_\_  
 Signature of parent/legal guardian

\_\_\_\_\_  
 Date



PALISADES CHRISTIAN  
**LearningCenter**  
Reach \* Teach \* Grow

## School Activities Permissions

### Field Trips

On occasion, children will be taken for supervised walks on the school property to enjoy the larger spaces and to learn about God's creation in our natural setting. Please sign to give your permission for this activity. Contact staff with any concerns.

For trips off our campus, parents will receive specific information.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Water play activities:

We give children in our program sensory activities and water is a fun one to use. We will not be using large containers and the activity will be supervised. Examples of water play are washing toy dishes, pouring water from small and big containers, measuring and pouring, etc. Please sign to give your permission for this activity. Contact staff with any concerns.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Exposure to animals:

We like to give children opportunities to learn about animals and how to care for pets. When we invite guests, you will be notified in advance. Currently there are no pets on the premises however we will inform you if/when a classroom gets one. See our Health Policies for the details. We will always practice good hygiene and hand washing after being around pets. Please make sure to let us know about allergies. Please sign so we know you have read and understand.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Brushing teeth practice:

We are required by licensing to give children the opportunity to practice brushing their teeth and to learn oral hygiene. Please let us know if you're wanting your child to participate.

- Yes, I want my child to participate
- No, my child doesn't need to participate. We brush our teeth at home.
- I will provide child's own toothbrush and replace it as needed.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Plan Child/Parent Information

Complete one form for each child. Keep a copy of this information with your emergency kit(s).

Child's information	
Child's Full Name	
Date of Birth	
Address	
Current medications	
Medical conditions/allergies	
Special needs or instructions	
Physician name / phone	
Parent / Guardian Information	
Full Name	
Relationship to Child	
Address	
Phone Number(s)	
Email Addresses)	
Place of Employment	
Parent / Guardian Information	
Full Name	
Relationship to Child	
Address	
Phone Number(s)	
Email Addresses)	
Place of Employment	

Additional Emergency Contacts: (include those who have permission to pick up the child and an out of area contact in case of a disaster). Children will only be released to contacts listed on the child's form who have proper identification.

Emergency Contacts name and phone number:

1. \_\_\_\_\_
2. \_\_\_\_\_

How will parents/guardians be contacted and reunite with children after the emergency:

\_\_\_\_\_



# First Day of School CHECKLIST

## **ALL Childcare forms signed and completed**

- Registration page and \$100 fee paid
- Parental Contract
- Authorized Pick-up form
- Medication Authorization
- About My Child
- Additional Health records if applicable
- Media Release
- School Activities Permissions
- Updated Consent to Treat
- Emergency Plan
- Certificate of Immunizations (CIS) Down Load form or ask for a copy from your doctor
- Parent Handbook Agreement Signed

## Comfort Kit

- Three day supply of food in case of emergency labeled in Ziploc bag (see handout in PCLC Handbook for more information)

## **Download Brightwheel App**

## LABEL everything

- Extra Change of Clothes : Socks/underwear (Potty Trainers may need more than one) Shirt and pants (in season)
- Extra slippers or shoes to keep at school
- School Supplies (See individual class list)
- Personal sippy cup or water bottle
- Personal toothbrush
- Lunchbox with main meal and Morning and Afternoon snacks plus icepacks  
See Handbook for nutritional guidelines.  
(Hot Lunch is NOT available for purchase during the school year. Pizza can be purchased on Fridays for \$5 but should not be considered a regular diet. You are still responsible to send lunch and snacks)
- Small blanket, pillow, 2-king size pillow sheets and/or crib sheet  
Additional as needed:
- Pull ups and wipes
- Soft cuddly toy for naps OK

# CONSENT TO TREATMENT

2024-2025 SCHOOL YEAR

DO NOT LEAVE ANY LINE BLANK

Student's Name \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_\_ Allergies/Reactions: \_\_\_\_\_

If child has allergies, please provide documentation and Action Plan from provider.

Mother's Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Extra Emergency Contacts:

Name and phone # \_\_\_\_\_

Name and phone # \_\_\_\_\_

Medication taken on a regular basis: \_\_\_\_\_

Child's Illnesses or Past Surgeries: \_\_\_\_\_

Emergency Hospital \_\_\_\_\_ 2nd Choice \_\_\_\_\_

Immunizations up to date: \_\_\_Yes \_\_\_No Exempt? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date of Child's Last exam: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date of Child's Last exam: \_\_\_\_\_

(Do not leave blank. Please write N/A if you have not found a dentist or physician at this time and give us the information as soon as it is available)

Palisades Christian Learning Center will provide basic first aid for minor injuries and illnesses. However, we cannot dispense medication of any kind, unless the office receives permission from the student's physician. Forms are available at the Learning Center office and need to be completed by the parents and the physician.

In case of accident or serious illness, the school will make every attempt to contact the student's parents or the emergency contact listed above.

If 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 EMT when deemed necessary or advisable by the physician or EMT to safeguard my child's health. I waive my right of informed consent to such treatment.

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

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

# Medication Authorization Form

This form is needed for any medication a child will need to take or have applied in our care  
\_\_\_\_\_Sunscreen      \_\_\_\_\_Diaper Cream      \_\_\_\_\_ Other

<b>Child's Name:</b>	<b>Date of Birth/Age:</b>
<b>Name of Medication:</b>	<b>Reason for Medication:</b>
<b>Start Date:</b>	<b>Stop Date:</b>
<b>Times to be given:</b>	<b>Amount to be given:</b>
<b>Possible Side Effects:</b>	<b>Oral   Topical   Other</b>
<b>Above information consistent with label?</b>	<b>Requires Refrigeration:   yes   no</b>
<b>Special Instructions:</b>	

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

\_\_\_\_\_  
Physician Signature ( needed for prescription)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Phone Number

Please Note that this form needs to be completed for any prescription medication.



# Other Medical Information

Does your child have any special needs? Have an IEP? Complete needed medical forms. Please share the information with your teacher.

---

Has your child ever been tested for...? Please Circle

<b>Hearing</b>	YES	NO	Date: _____
<b>Speech</b>	YES	NO	Date: _____
<b>Vision</b>	YES	NO	Date: _____
<b>Other</b>	YES	NO	Date: _____

My Child has an Individual Health Plan (specific medical needs) which is as follows: (Please attach documentation from physician and/or intervention specialist)



# PCLC

## 2026-2027

### Tuition and Rates

CLASS	DAYS PER WEEK	MONTHLY RATES
Part-Time: Monday, Tuesday and Wednesday	3 days	\$875
Full-Time	5 days	\$1210

### Miscellaneous Charges and Discounts

**Registration Fee** - An Annual fee of \$100 due upon enrollment and each year after.

**Military/First Responder Family Discount** - 5% off monthly tuition (Full-Time students only.)

#### **Subsidy**

**DCYF** (Working Connections)