



Welcome to Passport 2 Preschool!

We are happy to be offering our art-based program, Passport 2 Preschool, Monday through Friday, from 9:00 am to 11:30 am!

Our program consists of various projects that combine education and play. Children are exposed to various topics, such as art, science, math, music, dance, yoga and language arts. Our philosophy is rooted in the Reggio Emilia style of teaching. At this young age, your child is curious and our environment nurtures that curiosity by providing opportunities for self-guided projects and hands-on learning. We believe this to be the groundwork for creative problem solving and communication skills. Learning should not be viewed as work, but rather an exciting journey to new information and experiences.

Our program runs Monday through Friday from 9:00 am to 11:30 am with the option of extended stay from 11:30 am to 12:30 pm. Please make sure to pack a nut-free snack and lunch for children who will be participating in our extended day option.

Thank you for allowing us the opportunity to provide this artful experience to your children.



For attendance beginning (Month/Year): _____

Child's Name: _____ **Birth Date:** ___/___/___ **Sex: F / M / other**
(Last/First)

Address: _____ **Zip:** _____ **Phone:** _____

Allergies: _____

Parents/Guardians' Information

Parent/Guardian's Name: _____ **Work Phone:** _____

Cell Phone: _____ **Alt Phone:** _____

Email: _____

Parent/Guardian's Name: _____ **Work Phone:** _____

Cell Phone: _____ **Alt Phone:** _____

Email: _____

Special Pick-Up Information: _____

Health Insurance

Company: _____ **Policy #** _____

Group #: _____ **Holder:** _____

Has your child ever attended Preschool or Daycare before? Yes/No

If Yes When?: _____ Where?: _____

Please circle the days of the week your child will attend Passport 2 Preschool:
(Minimum 2 days per week)

	5 Days	4 Days	3 Days	2 Days
<u>CIRCLE</u> the days of the week your child will attend:	Full Week	M Tu W Th F (circle 4 days)	M Tu W Th F (circle 3 days)	M Tu W Th F (circle 2 days)
Weekly Registration Fee only, \$29.00 per day; NOT including Camps or Field Trips	\$145.00	\$116.00	\$87.00	\$58.00
Monthly Registration Fee only, \$29.00 per day (based on a 4 week calendar, \$29); NOT including Camps or Field Trips	\$580.00	\$464.00	\$348.00	\$232.00
Extended Care:				
\$10 per hour or \$90 Punch Card for 10 hours				
These fees are accurate for the 2020-21 school year				

Terms of Enrollment:

1. Families will be charged for the exact number of days they are scheduled per month or per week, depending on the payment schedule you select. You will not be charged for dates when there is no Passport 2 Preschool.
2. You may authorize Magical Minds Studio to charge your credit card on the first of each month or weekly on Mondays. Late payments will result in a late charge of \$25.
3. Failure to complete all payments on time will result in forfeiture of child’s enrollment in the Passport 2 Preschool program and all fees paid to date.
4. Magical Minds Studio will not be responsible for damaged or lost property.
5. Magical Minds Studio reserves the right to use all pictures taken for publicity purposes, unless you elect not to sign the Consent and Release Form (page 7).
6. Cost of trips and special events are NOT included in the fee. Additional fees may apply.
7. I understand that Magical Minds Studio reserves the right to suspend or terminate a child’s enrollment due to unacceptable behavior issues.
8. Once a deposit has been made, no refunds or credits will be issued.
9. Magical Minds Studio does not refund for absences. Please review Absences in our Policies and Fees section (page 3).
10. If you withdraw before the end of the school year, we require 2 weeks notice (10 business days). Early withdrawals are required to pay through the 2 week notice period.

Signature of Parent or Legal Guardian _____ Date _____



P2P Policies

Entering and exiting Magical Minds:

Your child must have their mask on before arriving at Magical Minds. Our teacher will take your child's temperature before they enter Magical Minds. They will not be allowed to attend with a temperature of 100F or higher. Parents will not be allowed into the Studio, but will be asked to wait for the all clear from their child's temperature check.

At pick up time parents will wait outside of Magical Minds, and their child will be sent out to them.

Masks:

Students will be required to wear face-covering when appropriate as defined by the CDC and will follow appropriate social distancing guidelines. Students will be required to keep their mask on if they are not able to maintain 6-ft distance from others. Students will not be required to wear masks outdoors unless they are playing close to other people.

Absences:

Students that are absent are still required to pay for their full scheduled time. We reserve a place for your child each week and we do not replace that spot with another child even if the student is absent.

There are no refunds unless Magical Minds Studio withdraws or dismisses a child due to disciplinary reasons.

If your child will be absent, please notify the Studio by phone, 708-948-7934 or email claire@magicalmindsstudio.com

Early Withdrawal:

If you withdraw early, before the end of the school year, we require 2 weeks notice (10 business days). Early withdrawals are required to pay for your scheduled days through the 2 week notice period.

Illness:

Any child with a fever will need to remain home until they have been fever-free for 24 hours. We ask that children remain home if they have chronic coughing and/or colored discharge from their noses or eyes. If your child has been given an antibiotic we ask that your child remain home until they have been on the antibiotic for more than 48 hours.

We reserve the right to send any child home that has any of the above symptoms.

Toilet Training:

We ask that children be toilet trained before enrolling in Passport 2 Preschool. We understand that accidents happen now and then, and suggest that you pack extra clothes in your child's backpack.

Food/Snack:

Each day, children will break for snack. Please pack a **nut-free**, preferably healthy, snack for your child to enjoy during snack time. A water bottle is recommended for easy access throughout the program. If your child will be staying until 12:30 pm please make sure to pack a **nut-free** lunch as well.



Family Information

Child lives with:

Both parents Mother Father Guardian(s)

Is there a court order protecting the custody of this child? Yes No

Please describe any court order or information related to your child(ren) that Magical Minds Studio should be aware of.



Child Pick Up Information

Please list all persons allowed to pick up your child from Magical Minds Studio.

Please note, a person other than a parent may be asked to show ID.

I, _____, give my child/children, _____,
(Parent or legal guardian) (Name of child/children)

permission to leave ONLY with the below listed people listed below.

Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____

Name/Relationship: _____

Phone: _____



Consent and Release Form

Childs Name: _____ Date: _____

Parent/Guardian's Name: _____

Photo Release

I hereby grant permission, without reservation, to Magical Minds Studio and those authorized by Magical Minds Studio to take photographs and to make recordings of my child and to use them in original or modified form in all media now or hereafter known, with or without my name or information about me, for the promotion, public education, and fundraising activities. I understand and agree that I am entitled to receive no compensation for the above.

I release Magical Minds Studio, its officer, director, agents and employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have relation to the above.

I agree that Magical Minds Studio will be the sole owner of all tangible rights in the above mentioned photographs and recordings, with full power of disposition.

I am the parent or guardian of the minor named above, and I hereby consent to the foregoing on behalf of the minor and myself.

Parent/Guardian's Signature: _____



Credit Card Billing Form

Person Authorizing (Name as it appears on the card)	
Credit Card Type:	Visa (<input type="checkbox"/>) MasterCard (<input type="checkbox"/>) Discover (<input type="checkbox"/>)
Credit Card Number:	
CVV Number: (Last 3 digits on the back of card)	
Expiration Date:	
Billing Address:	
City:	
State/Province:	
Zip Code:	
Phone Number:	
Please Select Payment Option	Weekly (<input type="checkbox"/>) Monthly (<input type="checkbox"/>)

Applicant agrees that all information provided is accurate and complete. Disputes to amounts invoiced should be immediately reported to: haj@magicalmindsstudio.com

Authorized Signature: _____ Date: _____



Field Trip Permission Form

I give permission for my child, _____
to go on a field trip by means of walking, to local Oak Park parks. I also understand my child will be
attending these field trips at or after 9:00 am. My child will be returned to the studio at or before 11:30
am unless specified by the teacher.

Signature of Parent and or Guardian: _____

Date of Signature: _____