



Reach One

Teach One INC

1715 West Jefferson Street
Quincy, Florida 32351
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Reach One Teach One

Learning Center

Enrollment Packet

Reach One Teach One, Inc
Contract and Rate Agreement

We (I), _____ have received and read the center handbook of policies and procedures and comply with all the provisions contained therein, and shall at this time enter an agreement with Traneisha Galloway for the care of my (our) child(ren).

Starting Date: _____

Child(ren):

Child 1: _____

Child 2: _____

Child 3: _____

Monday _____ am/pm to _____ am/pm

Tuesday _____ am/pm to _____ am/pm

Wednesday _____ am/pm to _____ am/pm

Thursday _____ am/pm to _____ am/pm

Friday _____ am/pm to _____ am/pm

Lack of enforcement of a certain policy at any time does not indicate that particular policy is no longer in effect.

_____ Provider Signature

_____ Date

_____ Parent/ Guardian Signature Date: _____

_____ Parent/ Guardian Signature Date: _____

*Rate effective beginning _____

Reach One Teach One, INC
Registration Form

Child Information

Full Name: _____ Nick Name: _____

Birth Date: _____ Allergies: _____

Address: _____ Phone: _____

City: _____ State: _____

Parent Information: Mother/ Guardian Information Father/ Guardian Information

Full Name: _____

Address: _____

Home Phone: _____

Cell/ Pager: _____

Place of employment: _____

Work Address: _____

Sibling/ Ages: _____

Is your child toilet trained? _____ If not are they trying to use the toilet?

Does your child have any fears? _____

What are your child's interests? _____

Are there any holidays you do not want your child to participate in? _____

Are there any foods you do not want your child to eat? _____

Does your child have any special needs or behaviors I need to be aware of?

Home phone may be given for a reference? Yes: _____ No: _____ Initial: _____

Reach One Teach One, Inc
PHOTOGRAPH PERMISSION FORM

 (Parent's or Guardian's Signature)

Give permission for _____ Traneisha Galloway owner/operator of Reach One Teach One, INC to photograph my child/ren:

 (Child's Name)

For the following purposes:

Type of Use: _____ (Please check one)

Still Photographs:	Grant Permission:	Decline Permission:
Display in provider's personal scrapbook		
Give photographs to current clients		
Display still photographs on facility's website		
Use still photos in promotional materials		
Videos		
Give videos to current parents		
Use videos in promotional materials		
Other (please indicate)		
Picture to be used on Teddy Bear Express Website		
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients		

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses; I agree that this form will remain in effect during the term of my child's enrollment. By signing below, I also agree that this is a legally binding form and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

 Father's/Guardian Signature Date: _____

 Mother/Guardian Signature Date: _____

 Reach One Teach One, Inc Date: _____
 Executive Director Traneisha Galloway

Reach One Teach One, Inc
EMERGENCY MEDICAL AUTHORIZATION

I, _____ parent/ guardian of _____ date of birth being _____ do hereby give permission to Traneisha Galloway, Childcare Provider, to secure and authorize such emergency medical care and/ or treatment as above-named child might require while under the supervision of said Childcare Provider. I further authorize said childcare provider to administer emergency care/treatment as required, until medical assistance is available. I also agree to pay all costs and fees contingent of any emergency medical care and/ or treatment for said child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it will be necessary to have the following information:

Child's Full Name: _____

Child's Address: _____

Home Phone Number: _____

Mother's Work Number: _____

Father's Work Number: _____

Any known allergies or medical conditions of child:

Medical Insurance Information:

Name of Company: _____

Name of Member: _____

Policy Number: _____

Group Name: _____

Phone Number: _____

Signature of Mother: _____

Signature of Father: _____

Reach One Teach One Inc
Discipline Policy

The children received for care by Reach One Teach One, INC will be disciplined in a constructive manner. The children will not be subject to discipline which is severe, humiliating, or frightening. Discipline will not be associated with food, rest, or toileting. Spanking of any other form of physical punishment is prohibited.

Child's Name

Date

Parent's Signature

Date

Director's Signature

Date

Receipt of Handbook

Parent(s) and Guardian(s) must sign and date this form stating that they have received a copy of this handbook, read all the policies and agree to the center's rules and regulations. This handbook will be issued to the enrolled child's parent/ guardian and the signed copies of center policies will be held in child's file as proof of acceptance.

Parent/ Guardian Signature

Date

Director's Signature

Date