



Reach One

Teach One INC

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Lack of enforcement of a certain policy at any time does not indicate that particular policy is no longer in effect.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