Blue Print Playhouse

Learning Academy

3129 W. 30th Street Indpls, IN 46222
317-748-4425

Enrollment Application

Enrollment Date_____

Parent Information:

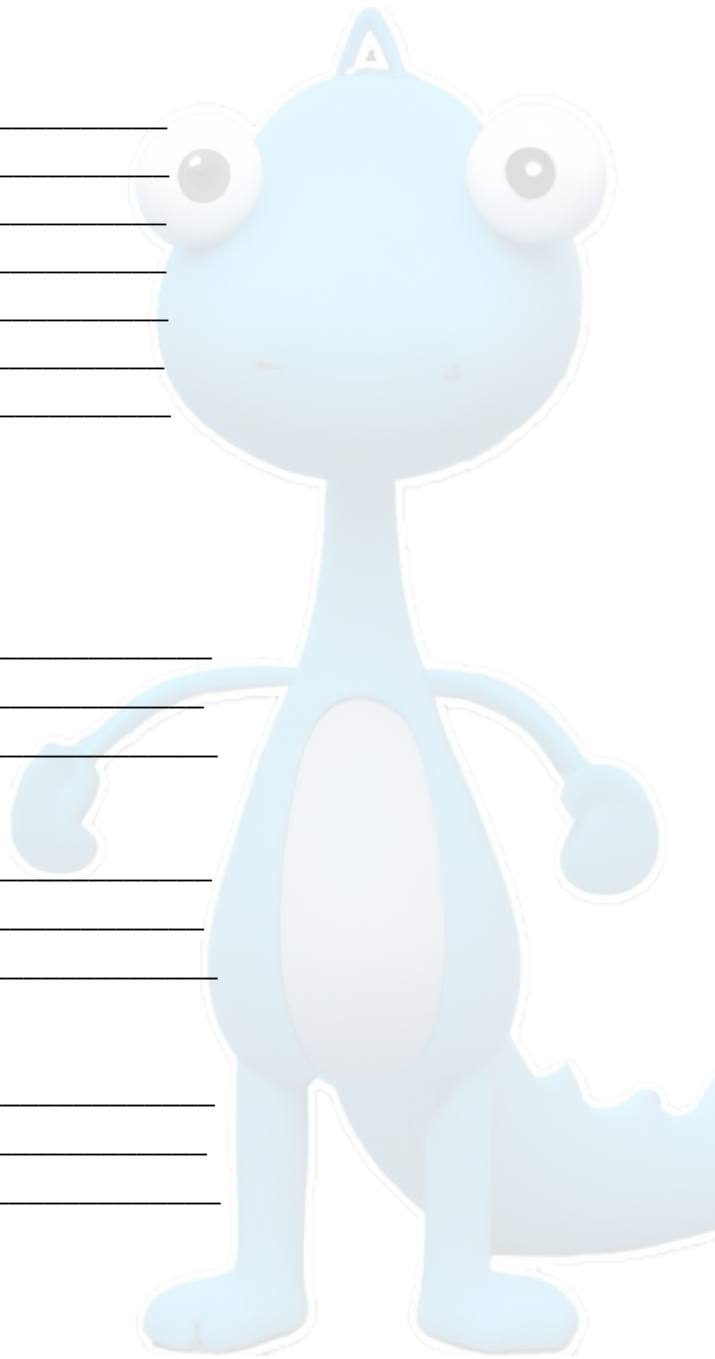
Full Name:_____
Relationship to Child: _____
Home Address: _____
_____
Phone Number: _____
Email Address: _____
Social Security Number: _____

Child Information:

Full Name: _____
Date of Birth: _____
Age: _____
Gender: M_____ F_____

Full Name: _____
Date of Birth: _____
Age: _____
Gender: M_____ F_____

Full Name: _____
Date of Birth: _____
Age: _____
Gender: M_____ F_____



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Emergency Contacts & Pickup Authorization:

Full
Name:_____
Relationship to Child: _____
Home Address: _____
_____
Phone Number: _____
Email Address: _____

Full
Name:_____
Relationship to Child: _____
Home Address: _____
_____
Phone Number: _____
Email Address: _____

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Name:_____
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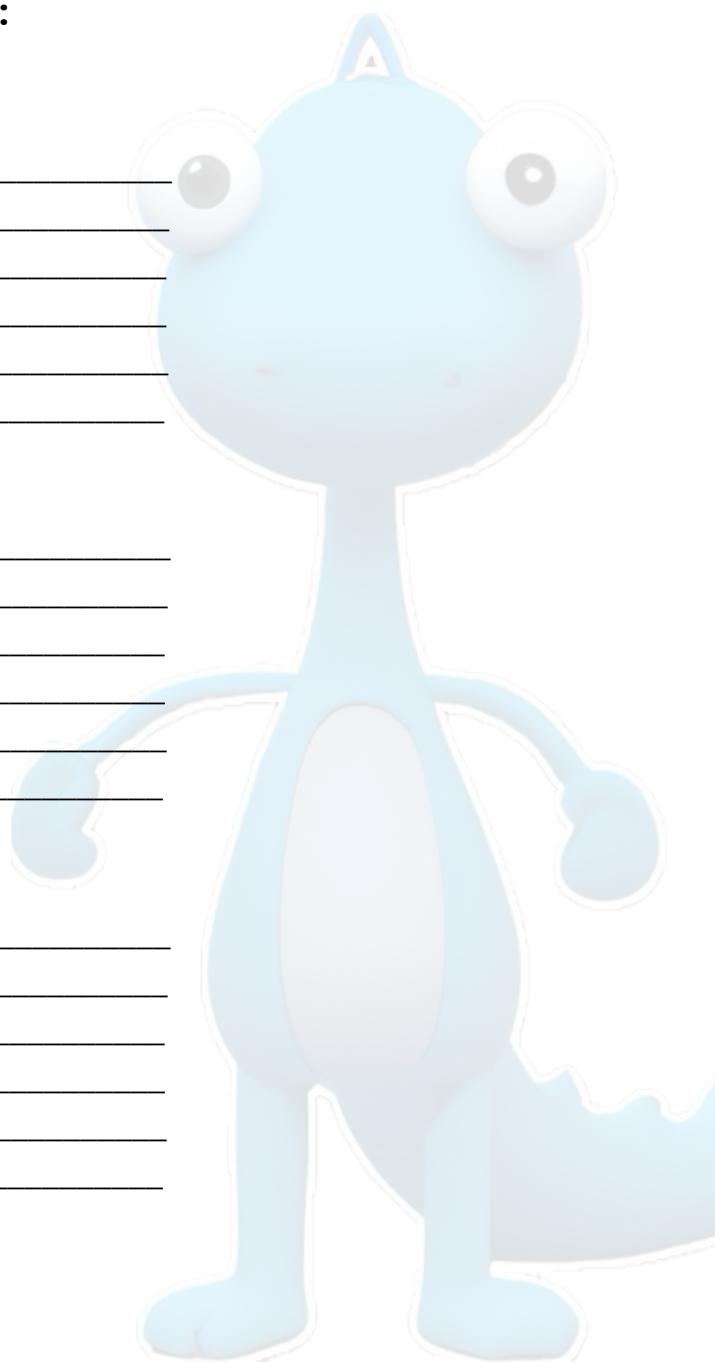

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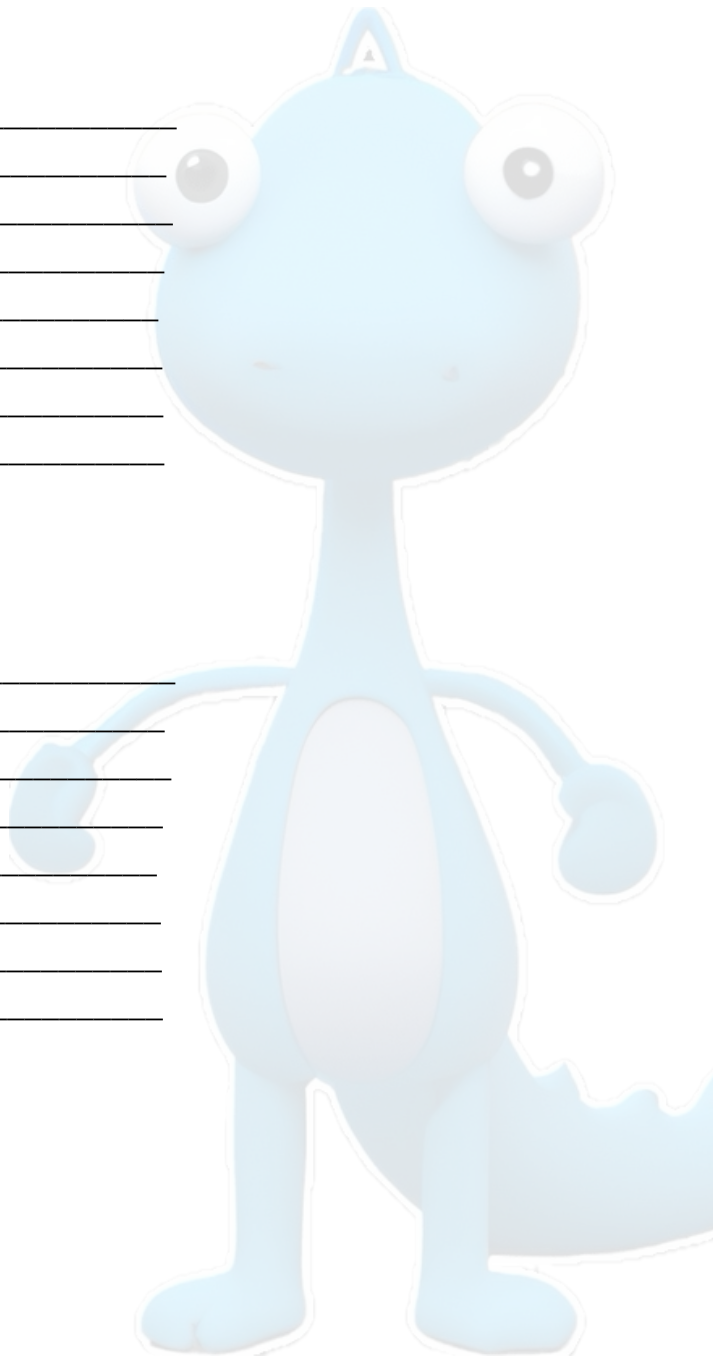
Primary Parents Employment:

Employer Name:_____
Job Title: _____
Employer Address:_____
_____
Work Number: _____
Email Address: _____
Work Schedule:_____
_____

Secondary Parents Employment:

Employer Name:_____
Job Title: _____
Employer Address:_____
_____
Work Number: _____
Email Address: _____
Work Schedule:_____
_____



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Enrollment Date_____

Medical Information:

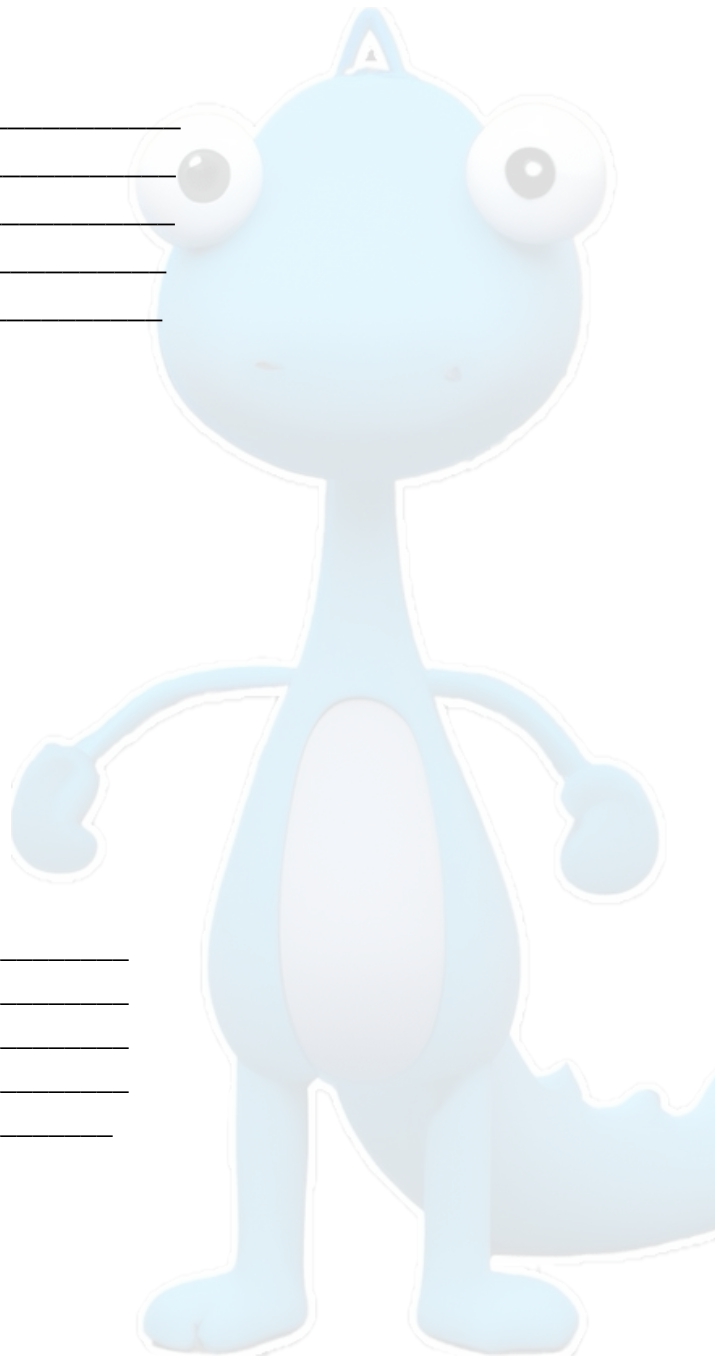
Pediatrician's Name:_____
Pediatrician's Phone: _____
Employer Address:_____
_____
Preferred Hospital: _____

List of Allergies:

_____
_____
_____
_____
_____
_____

Medical Conditions or Special Needs:

_____
_____
_____
_____
_____



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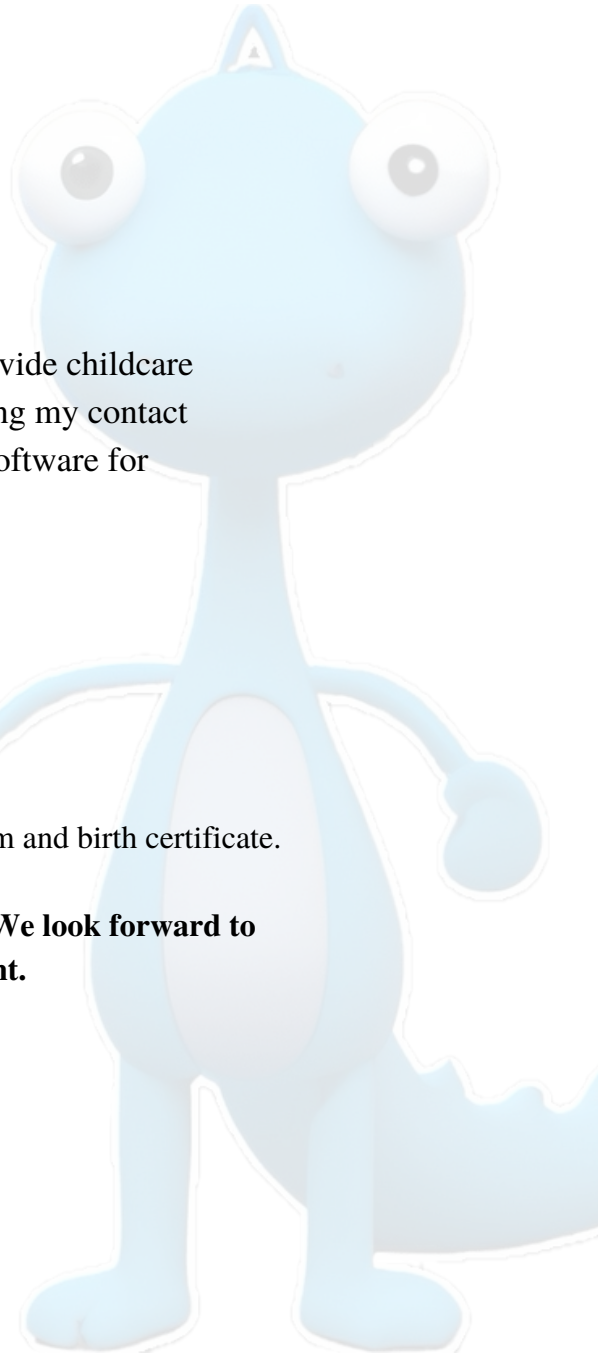

Authorization and Consent:

I hereby authorize Blue Print Playhouse Learning Academy to provide childcare services for my child. I understand that I am responsible for keeping my contact and job information current. I consent to the use of BrightWheel software for daily updates, communication , and tuition payments.

Signature: _____
Date: _____

Please attach a copy of your child's immunization records, physical form and birth certificate.

Thank you for choosing Blue Print Playhouse Learning Academy! We look forward to partnering with you in your child's early education and development.

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Discipline Guidance Policy

Enrollment Date_____

Purpose

At Blue Print Playhouse Learning Academy, we are committed to providing a nurturing, positive, and respectful learning environment. Our discipline policy focuses on guiding children to develop self-control, respect for others, and personal responsibility in a supportive atmosphere.

Behavioral Expectations

- Respect for others: Treat peers, teachers, and staff with kindness.
- Respect for property: Take care of personal and shared materials.
- Cooperation and collaboration: Work together and follow instructions.
- Positive communication: Use polite language and resolve conflicts peacefully.

Guidelines for Addressing Misbehavior

1. Redirection: Redirect the child to a positive activity or behavior.
2. Verbal Warning: Inform the child about the inappropriate behavior and explain expectations.
3. Time-Out/Reflection Time: For more serious or persistent misbehavior, the child may be given a brief time to reflect on their actions.
4. Parent/Guardian Notification: If behavior continues, parents will be contacted to discuss concerns and work together on a solution.
5. Behavior Plan: In cases of repeated misbehavior, a behavior plan will be developed in collaboration with the child's family.
6. Severe Misbehavior: For extreme behaviors (e.g., physical aggression or bullying), immediate action will be taken, and parents will be required to meet with staff to address the issue. Suspension or expulsion may be considered if necessary.

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Discipline Guidance Policy

Enrollment Date_____

Parental Involvement

We believe in a strong partnership with parents. If behavior concerns arise, we will reach out to parents promptly to work together on solutions. Parents are encouraged to reinforce positive behavior at home and support any plans or strategies introduced at school.

Acknowledgment

By signing this form, you acknowledge that you have read, understood, and agree to adhere to the discipline guidance policy at Blue Print Playhouse Learning Academy.

Parent/Guardian Name: _____

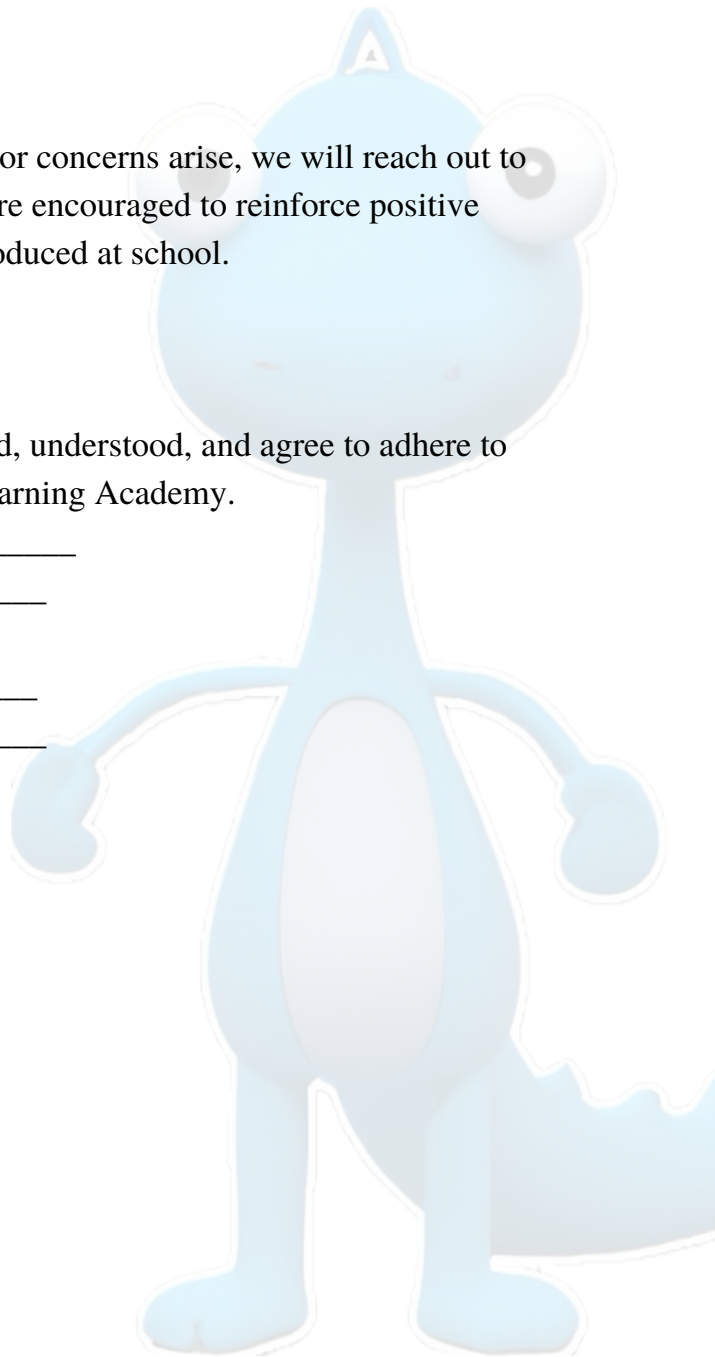
Signature: _____

Date: _____

Teacher/Staff Name: _____

Signature: _____

Date: _____



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Permission Slip

Enrollment Date_____

Student Name: _____
Date of Birth: _____
Parent/Guardian Name(s): _____
Phone Number: _____
Emergency Contact Name: _____
Emergency Contact Phone Number: _____

Activity/Field Trip Details:_____
_____
Activity/Field Trip Description:_____
_____
Date(s) of Activity/Field Trip:_____
Departure Time: _____
Return Time: _____
Location of Activity/Field Trip:_____
_____

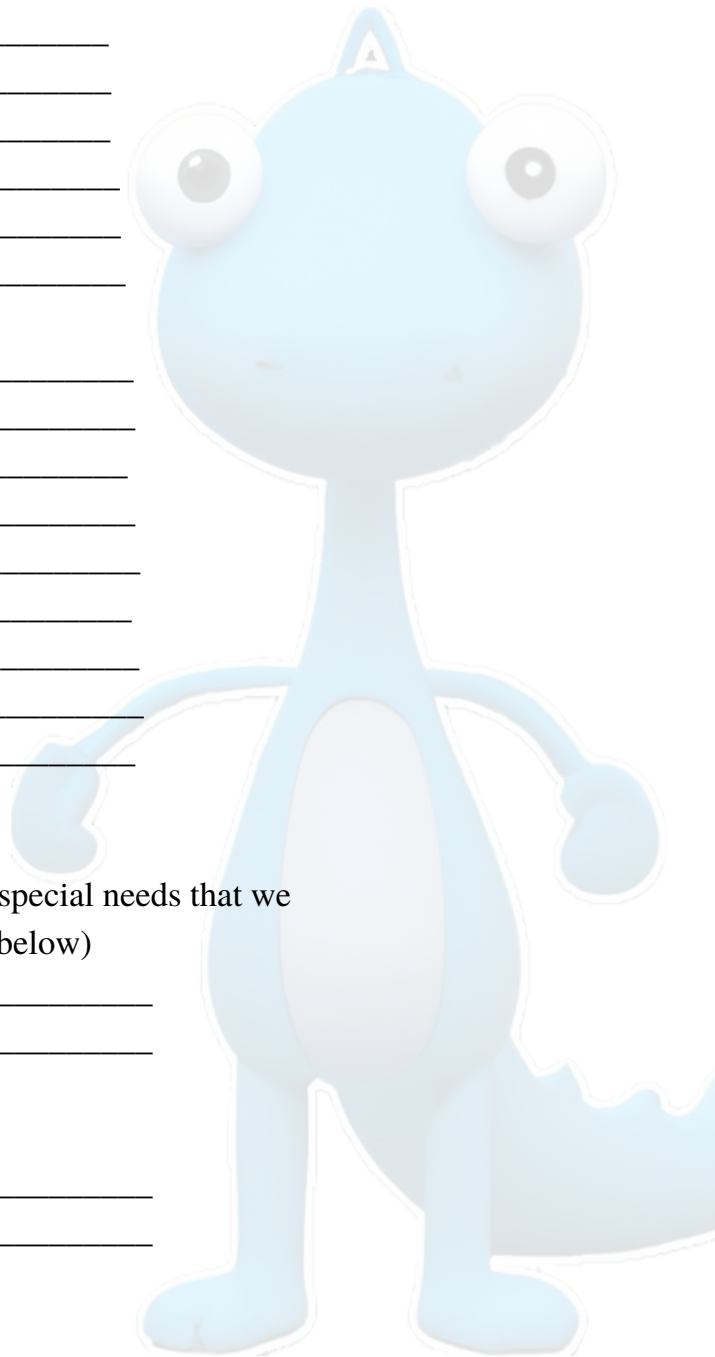
Medical Information and Emergency Authorization

Does your child have any allergies, medical conditions, or special needs that we should be aware of for this activity? (Please list or specify below)

_____
_____

If yes, please explain in detail:

_____
_____



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Permission Slip:

Enrollment Date_____

In the event of an emergency, I authorize Blue Print Playhouse Learning Academy staff to seek medical treatment for my child, including transportation to the nearest medical facility, if necessary. I understand that every effort will be made to contact me immediately.

Medical Insurance Provider: _____
Policy Number: _____

Permission:
By signing below, I give my permission for my child,_____, to participate in the above-described activity or field trip organized by Blue Print Playhouse Learning Academy. I understand that the Academy will take all necessary precautions to ensure the safety of my child during this event.
I also release Blue Print Playhouse Learning Academy and its staff from any liability related to this activity or field trip, except in the case of negligence or willful misconduct.

Parent/Guardian Signature: _____
Date: _____
Additional Information/Notes
If you have any additional questions or information regarding your child's participation in this activity, please feel free to contact us at:
Phone: (317)748-4425
Email: info@blueprintplayhouse.com