

Iredell Co. Partnership for Young Children
Play to Learn Enrollment Form
PRINT ALL INFORMATION



Child's First Name _____ Last Name _____

Date of Birth _____

Child's First Name _____ Last Name _____

Date of Birth _____

Child's First Name _____ Last Name _____

Date of Birth _____

Parent's First Name _____ Last Name _____

Street address _____

City _____ Zip _____

Parent's phone number _____ Email _____

I learned about Play to Learn from _____

PHOTO RELEASE (Check only one)

I DO or I DO NOT give permission for images of my child(ren) to be used in publications, websites, news articles for the purposes of the ICPYC.

PLAY TO LEARN PARTICIPATION AGREEMENT

- I will participate and interact with my child to promote learning through play.
- I will use handout information and ideas at home.
- I will use the milestones provided to observe my child's development.
- I will attend on a regular basis.
- I will notify the coordinator in advance whenever I am not able to attend.
- I will arrive on time to the play group.
- I will not bring my child with a fever of 100 degrees or higher for 24 hours.
- I will use positive and appropriate words and actions when correcting my child's behavior.
- I have received a copy of the Play to Learn Guidelines.

FEE

- \$20 first child/\$40 out of county
- \$10 second child/\$20 out of county
- \$10 third child/\$20 out of county
- \$5 per child More At Four family

\$ _____ Total Fees Owed \$ _____ Total Fees Paid (To be completed by receptionist)

Primary Caregiver

Signature _____ Date _____