

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**New Student Instructions:**

Please print or use fillable pdf format. All information must be completed. Attach dental/health insurance cards. Physical and immunization due annually. Email, mail, or hand in this completed application and registration form, up to date immunization, up to date physical, and health insurance information along with a non-refundable \$100 application fee. Email submission:

[Katie.Tsilosani@purplebloomschool.com](mailto:Katie.Tsilosani@purplebloomschool.com)

Student Start Date: \_\_\_\_\_

**Student Photo**

Please glue or upload a student photo

New Student Registration may go on to page 2.

**Annual Updates:**

**2023 Annual Update**

**2024 Annual Update**

**Submit annual update and documents to:** [katie.tsilosani@purplebloomschool.com](mailto:katie.tsilosani@purplebloomschool.com)

Dental/Health Insurance on file as of \_\_\_\_/\_\_\_\_/20\_\_\_\_: \_\_\_\_\_

Is this correct?      Yes              No      *If no, please submit new dental/health insurance cards.*

**OR**

No insurance information on file. Please submit dental/health insurance cards.

**Immunization and Physical**

Due Annually. Office will mark "Received", "n/a" or highlight section if missing/due.

Student age at time of update: \_\_\_\_\_

Age Due	Physical	Immunizations
Infant		
1 Year Old		
2 Year Old		
3 Year Old		
4 Year Old		
5 Year Old +		

**Notes:**

Purple Bloom School  
2060 12<sup>th</sup> Ave  
Coralville, IA 52241  
319.338.3873  
www.purplebloomschool.com

# Purple Bloom School Application and Registration

Today's Date: \_\_\_\_\_

**Student name:** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Preferred name: \_\_\_\_\_

Student address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian 1 name:** \_\_\_\_\_

Parent/Guardian 1 address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1 phone number Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Place of work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian 2 name:** \_\_\_\_\_

Parent/Guardian 2 address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 2 phone number Cell: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address: \_\_\_\_\_

Place of work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Family Information

Please describe any important family dynamic information that would be helpful for communication, tuition payments, end of year tax receipt, custody/guardianship agreement, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Student Photo

*Please glue or upload a student photo*

## Family Photo

*Please glue or upload a family photo*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Photo Permission	Yes	No
I give permission for your child to have their photo taken of their face by a director or lead teacher to be used in our PRIVATE Facebook page. (Not accessible by the public.) (Disclaimer: If marked "no", students may appear in background of photograph, but face will be blocked out and name will not be used.)		

### Pick-Up Persons and Emergency Contacts

Please list pickup-persons and emergency contacts. **Parents/Guardians cannot be emergency contacts.** Pick-up persons may be asked for ID upon arrival. Anyone not listed may not pick up your child. By listing anyone as an Emergency Contact, you give Purple Bloom School permission to contact this person while your child is in our care, during school hours only.

Name	Relationship to student	Phone number	Pick-Up Person?	Emergency Contact?
<i>Ex: January Plantway</i>	<i>Mother</i>	<i>319.867.5309</i>	Yes	No
<i>Ex: June Frost</i>	<i>Grandmother</i>	<i>319.418.6688</i>	Yes	Yes

### Medical Provider Information

*Submit a copy of dental/health insurance cards. Infants can list any local dentist office.*

Child's Dentist: \_\_\_\_\_ Dental Office: \_\_\_\_\_

City: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Dental Insurance Provider: \_\_\_\_\_

Child's PCP: \_\_\_\_\_ Doctor's Office: \_\_\_\_\_

City: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/20\_\_\_\_

<b>Student Medical Information</b>	<b>Yes</b>	<b>No</b>
Does your child wear glasses?		
Does your child wear contacts?		
Does your child have any known medical conditions or injuries?		
If yes, please describe:		
Does your child have any medications*?		
If yes, please describe:		

**\*Note on Medications:** Purple Bloom School does not keep over the counter medication on hand. Prescriptions/OTC medications are stored and administered at school only if necessary and must have an up-to-date medication sheet on file. Prescriptions must not be expired.

### Student Allergies

My child has NO known allergies. Please initial to confirm your child has no known allergies. (You may go on to the next page.)

<b>Student Allergies</b> Is your child allergic to...	<b>YES</b>	If yes, does this allergy require child have an <b>Epinephrine Auto-Injector?</b> (Epi-Pen, Ep-Pen Jr., or generic equivalent in the correct dosage for your child's weight.) Which brand?	If an Epinephrine Auto-Injector is required, will your child's classroom need to be completely free of this allergy?
<b>DAIRY?</b>			
<b>GLUTEN?</b>			
<b>PEANUTS?</b>			
<b>TREENUTS?</b>			
<b>EGGS?</b>			
<b>CORN?</b>			
<b>FISH?</b>			
<b>SHELLFISH?</b>			
<b>SOY?</b>			
<b>POLLEN?</b>			
<b>LATEX?</b>			
Other Allergies:			

**Note on Allergies:** Purple Bloom School will follow up with any child having an allergy. Any child with an Epinephrine Auto Injector will need to have a Food Allergy & Anaphylaxis Emergency Care Plan.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/20\_\_\_\_

### Permissions and Signature

<i>Please initial</i>	<b>Permissions</b> <i>(All permissions required to attend Purple Bloom School)</i>
	I give permission for my child to have diaper cream applied that I have provided.
	I give permission for my child to have sunscreen applied that I have provided. Note: Students must have sunscreen on to go outside during DHS require times. If sunscreen is not provided, students will have school provided sunscreen applied at \$3/day.
	I give permission for my child to have bug spray applied that I have provided.
	I give permission for my child to have after-bug bite cream applied that I have provided.
	I give Purple Bloom School permission to contact the emergency contacts listed in this application/registration packet.
	I verify the insurance information I have provided is accurate and up to date.
	I give permission or my child to receive basic CPR/1st Aid in the event of an emergency.
	I verify that Purple Bloom School may seek emergency medical and dental services for my child while they are in the care of Purple Bloom School and that I will pay any costs related to this.
	I verify that I have provided accurate allergy information for my child.
For those with Epi-Pen	I give permission for Purple Bloom School trained staff to administer Epinephrine Auto-Injector, provide by parent/guardian. (Epi-Pen, Ep-Pen Jr., or generic equivalent in the correct dosage for your child's weight.)
	I verify that I will provide Purple Bloom School with an annual physical and immunization for my child, will provide updated allergy information, dental/health care provider information, and any other necessary medical information.
	I give permission for my child go to on walking field trips/stroller walks around the Purple Bloom School campus.
	I give permission for my child to participate in water play days inside and outside.
	I will work with Purple Bloom School Directors Katie Tsilosani and Kelley Adkins to find the best plan for my child for learning and behavior. I will comply with any requests for evaluations or additional help.

**Please sign and date that you verify all information provided in this application/registration packet.**

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*We look forward to having your family join our Purple Bloom Family!*



## All About My Child

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardians Names: \_\_\_\_\_

Has your child ever been in a childcare setting prior to Purple Bloom? (center, in-home, etc.)

What are some of your child's favorite things/activities? (games, books, toys, arts/crafts, etc.)

What are some of their likes/dislikes?

Can your child crawl, walk, run, jump, and/or climb?

What eating/napping schedule are they used to?

What are their eating habits?

Does your child have any allergies?

Does your child sleep in a crib, bed, or co-sleep?

How do they fall asleep and what do they need when going to sleep? (sleep sack, blankie, bottle/milk, binky, rocked, etc.)

Does your child use signs, gestures, or specific sounds to communicate what they want/need?

What parental names do you use in your home and what are your preferred gender pronouns?

Any additional information you would like to share with us:

*We look forward to getting to know your child!*

**Purple Bloom School Customer ACH Form/Tuition Contract**

Student Name: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

- Tuition is due on the 1<sup>st</sup> of each month.
- If tuition payment does not process because of a lack of funds, student(s) will not be allowed to attend school until the tuition is paid.
- Tuition is based on reservation and is non-transferable, whether student attends reserved days.
- A 30-day paid notice is required to end contract/withdraw student from Purple Bloom School.

- I agree to the above information.
- I have a checking account and will fill out the bottom portion of this form.
- I do not have a checking account. I will pay any fees due by the 1<sup>st</sup> of the month via cash.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS**

- Tuition is automatically withdrawn on the 1<sup>st</sup> of each month.
- Return a blank voided check along with this form.
- Should you wish to stop using this account, a 30-day written notice is required.

Purple Bloom School Student: \_\_\_\_\_

Name of person(s) making payment: \_\_\_\_\_

Email address of person making payment: \_\_\_\_\_

Name on account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Routing/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

I (we) hereby authorize Purple Bloom School, hereinafter called Company, to initiate debit entries to my (our) Checking account indicated below and the Depository named below, hereinafter called Depository, to debit the same to such account. *This authority is to remain in full force and effect Until Company and Depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_