

For Office Use Only: Reg. Rcvd.: Date: _____ Ck/cash: _____

CHILDREN'S WAY PRESCHOOL REGISTRATION FORM

PLEASE PRINT CLEARLY

I/We wish to register our child in the following class: _____ Today's Date: _____
T & Th (3's) _____; MWF. AM (4's) _____; MWF PM (4's) _____; Focus Fun T PM _____

Child's Name: _____ Birth Date _____ Phone: (____) _____

Mother's Name: _____ Home Phone: (____) _____
Cel/Pager (____) _____ E-Mail: _____

Address (with zipcode) _____

Employer: _____ Work Phone: (____) _____ Occupation: _____

Father's Name: _____ Home Phone: (____) _____
Cel/Pager (____) _____ E-mail: _____

Address (with zipcode) _____

Employer: _____ Work Phone: (____) _____ Occupation: _____

Child lives with: Both parents _____; Single parent (please name) _____; Other (please name) _____

Child is adopted: Yes: _____ No _____ Languages spoken at home: _____

Two persons who will assume emergency responsibility for your child if you cannot be reached:

name	address	phone where can be reached	relationship
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name	address	phone where can be reached	relationship
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Regular source of medical care:

Doctor: _____
name clinic

clinic address clinic phone (with area code)

Dentist: _____
name address phone (with area code)

Hospital: _____ Phone (with area code): _____

Source of emergency medical care:

Doctor: _____ Clinic/hospital: _____ Phone (with area code) _____

Dentist: _____ Address: _____ Phone (with area code) _____

Who is authorized to pick up your child?

(Unless you specifically name someone in writing, they may not pick up your child. Having named them as emergency contact does not give authorization to pick up your child.)

name	address	phone (with area code)	relationship

HEALTH

Are there any special health needs the staff should be aware of with your child? _____

Any known allergies? _____

Please explain any special eating habits your child may have: _____

TOILET HABITS

Can your child be relied upon to indicate his/her bathroom wishes? _____

Does your child have toilet accidents? _____

What words does your child use for his/her genitals? _____ for elimination? _____

SOCIAL RELATIONSHIPS:

List siblings and dates of birth: _____

Has your child had experiences in playing with other children? How frequently? _____

What is your child's nature in a group? _____

What is your child's nature alone? _____

What makes your child mad? _____

How does your child show his/her feelings? _____

How do you handle discipline with your child at home? _____

How would you like to see it handled at school? _____

Is your child frightened of anything we should be aware of? _____

How do you comfort your child? _____

What are your child's favorite activities? _____

Are there any special benefits you wish your child to derive from his/her experience with us at school? _____

Is there any other information about your child that would be helpful for the staff to know to take better care of your child? _____

Where did you hear about Children's Way Preschool? _____

I agree that all the information given in this form is accurate and complete.

mother's signature

father's signature

date

Child's Name: _____

I give permission to Children's Way Preschool to make whatever emergency (i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school.

In case of medical emergency, I understand that every effort will be made to transport my child to the hospital of my choice which I have provided to the school, for treatment if the local emergency resource (paramedics) deem it necessary. The child will be transported at the expense of the parents.

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

I give the staff at Children's Way Preschool permission to contact my child's physician if deemed necessary for emergency purposes.

DATE: _____ MOTHER'S SIGNATURE: _____

DATE: _____ FATHER'S SIGNATURE: _____

CHILDREN'S WAY PRESCHOOL
INFORMATION RELEASE FORM

A class roster is prepared for each class for the school year. On that roster is listed the child's name, the parent's first names, the address and the home phone number. Parents usually find this information useful as they get acquainted with families of the children in the class. To put this information on the roster, parent permission is needed. Please complete the information on this page and return it to the school. Thank you.

Information about our family can appear on the class roster as follows (**please print**):

Child's Name: _____

Parent(s) Names: _____

Address (including zip code) : _____

Home Phone (including area code): _____

Comments:

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Please return this completed form with the \$50 non-refundable registration fee.

