

Little Feats Preschool 2010/2011 Registration Form

Office use only
Check # _____
Postcard sent _____
Other: _____

Child's Name: _____ Age: _____ D.B. _____

Parent(s)/Guardian(s) Name(s) _____

Child's Primary Residence: _____

Is child living with both parents? _____ If not, with whom? _____

Home Phone # : _____ E-mail Address _____

Work # and Cell # _____ Work # and Cell # _____
(Mom/Legal Guardian) (Dad/Legal Guardian)

Names and phone numbers of other persons to contact, in case of an emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Names and phone numbers of persons permitted to pick up your child from the preschool:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician – Name, address and phone number: _____

Date of last physical exam: _____

Does the child have any specific health problems the staff should be aware of?

(i.e. vision, hearing, allergies, physical limitations, etc.): _____

Enrollment (please select class & days): Pre 3's _____ 3 and 4's _____ Pre-K _____
North Pre 3's _____ North 3's and 4's _____ North Pre-K _____

4-day: _____ (no Pre-3)

3-day: _____ Mon _____ Tue _____ Wed _____ Thur _____

2-day: _____ Mon & Wed: _____ Tue & Thur: _____

1-day: _____ (Pre 3's only) *Monday is not available for Pre-3 classes

AGREEMENT

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or play at a neighborhood park.

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in evaluations and pictures connected with the preschool program.

I hereby grant permission for the Director or acting Director to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact the parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or the child's physician, we will do any or all of the following:
 - 1) Call another physician or paramedics
 - 2) Call an ambulance
 - 3) Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under section 4. above, will be borne by the child's family.
6. The preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The preschool will not assume responsibility for a child that has not been signed in when he or she arrives for the day.

Signed: _____ (Mother or legal guardian) Date: _____

Signed: _____ (Father or legal guardian) Date: _____