



3 Year Old Preschool 2020-2021
PARTICIPANT ANNUAL REGISTRATION FORM
Please complete and return to the CE & Rec Office.

Registration Fee plus
1st month of tuition
required.
R \$145 / NR \$175

Child(ren)'s Information

3K Preschool Option

Mon/Thur [ ]

Tue/Fri [ ]

Ben Franklin / Shady Lane

Name of Child 1 [ ] Sex [ ] M / [ ] F Date of Birth [ ]

Name of Child 2 [ ] Sex [ ] M / [ ] F Date of Birth [ ]

Name of Child 3 [ ] Sex [ ] M / [ ] F Date of Birth [ ]

Address [ ]

Full Address

City

State

Zip

Parent Information

Full Name of Parent/Guardian 1 [ ] Date of Birth [ ]

What is the best number to reach Parent/Guardian 1 between 6:30 AM and 6:00 PM? [ ] Email Address [ ]

Full Name of Parent/Guardian 2 [ ] Date of Birth [ ]

What is the best number to reach Parent/Guardian 2 between 6:30 AM and 6:00 PM? [ ] Email Address [ ]

Emergency Contact Information

If parent/guardian can not be reached, please list the name / telephone of an emergency contact who has full authority to sign and approve any emergency medical care that the above mentioned child(ren) may require.

Name #1 [ ] Relationship to Child [ ]

What is the best number to reach Emergency Contact 1 between 6:30 AM and 6:00 PM? [ ]

Name #2 [ ] Relationship to Child [ ]

What is the best number to reach Emergency Contact 2 between 6:30 AM and 6:00 PM? [ ]

PRIMARY CARE PHYSICIAN NAME [ ]

PHONE NUMBER [ ]

OVER

Please Complete information on back of form

OVER

Is there any person who should **NOT** be picking up your child(ren)?  Yes /  No If yes, provide full name \_\_\_\_\_

Will your child be carpooling with any other participant?  Yes /  No If yes, provide full name \_\_\_\_\_

Does your child have any medical conditions or need medications while attending?  Yes /  No If yes, please specify \_\_\_\_\_

Does your child have allergies or need allergy meds while attending?  Yes /  No If yes, please specify \_\_\_\_\_

Does your child have any toileting issues?  Yes /  No If yes, please specify \_\_\_\_\_

Does your child have any Special Educational needs?  Yes /  No If yes, please specify \_\_\_\_\_  
How can we assist in meeting those needs? \_\_\_\_\_

**\*\* Please provide a list of persons authorized to pick up your child and their relationship to child \*\***

<b>Full Name</b>	<b>Relationship to Child</b>
_____	_____
_____	_____
_____	_____

**I will read the 3 Year Old Preschool Parent Handbook prior to the start of the school year, which includes the Behavior Code of Conduct and Permission for Film Viewing. I will discuss the code of conduct with my child. I will support and encourage my child to abide by all rules. I understand that if my child does not abide by the rules, action up to dismissal from the Kids INC program may result.**

Initial of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Should an emergency arise while participating in a department program, I give my permission to have a school district representative take proper measures in the care of my child. I also give permission to have my child transported to an area emergency facility, or the nearest hospital, if felt necessary by that representative.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_