



3 Year Old Preschool 2021-2022
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 ****

Full Name

Relationship to Child

Full Name	Relationship to Child
_____	_____
_____	_____
_____	_____

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** _____