

Little Blessings Preschool & Kindergarten Registration/Enrollment Packet 2009-2010

Child's Name _____

Birthdate _____ { } Male { } Female

Circle one: Mom's Day Out, Young Preschool, Young Pre-K, Pre-K, Jr. K., Kindergarten
Class Day/Time _____

Enrolling Parent/Guardian _____

Relationship to child _____

Preferred email address _____

Home Address _____

Home Phone _____ Employer _____

Work Address _____

Work Phone _____ Cell Phone _____

Work Hours _____

Are there any specials instructions on how to reach you while your child is in our care?

Parent/Guardian _____

Relationship to child _____

Home Address _____

Home Phone _____ Employer _____

Work Address _____

Work Phone _____ Cell Phone _____

Work Hours _____

Emergency Information

Child's Physician _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Hospital Preference _____

Address _____ Phone _____

Any known allergies or health concerns? _____

Child's Primary Residence:

____ With Mother ____ With Father ____ With Guardian (Name) _____

Parent's Marital Status ____ Married ____ Single ____ Divorced

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____ If yes, include the person's name on the authorization list. If no, documentation from the court may be required.

Child's Name _____ Parent Signature _____

Parent Permission (Please initial after each section)

I (name) _____, hereby give my permission to the staff of Little Blessings Christian Preschool to call an ambulance and/or any necessary medical personnel to transport and treat my child (name) _____, in case of an emergency.

I understand that the preschool personnel will administer any necessary first aid that is within their training and acceptable by the Colorado Department of Human Services. I understand the preschool staff will make every effort to reach me or my spouse or the emergency contact(s) if it is not possible to reach us. I agree and understand that all expenses will be our responsibility. I also authorize the transfer of my child's health records to the local hospital or emergency personnel.

I understand the emergency personnel will determine where to transport my child in the event of an emergency. I will provide written and signed instructions if my child must be transported to a specific hospital due to a chronic health condition. _____

I give my permission for my child to play on the playground, walk outside the church (only on church and preschool grounds) and participate in "chapel activities" in the Parker United Methodist sanctuary. The preschool is not responsible for children or siblings playing on the playground during non-school hours. _____

I also grant permission for my child to view videos as described in the parent handbook and give the preschool permission to display pictures of my child within the classroom or church bulletin boards. _____

Any field trips that may be off site will require a separate permission slip. _____

I also grant permission for my child to watch videos as described in the parent handbook and give the preschool permission to display pictures of my child within the classroom or on bulletin boards. I understand that for special occasions such as classroom parties, Christmas programs or graduation, my child may be video taped for personal use as described in the parent handbook. _____

Child's Name: _____

Parent's Signature: _____ Initials: _____

Date: _____

Parent – Little Blessings Agreement (Please initial next to each statement)

_____ I have received the Little Blessing Parent Handbook, which includes all policies and regulations, and will cooperate with the director.

_____ I will supply a signed medical and immunization card by the designated due date.

_____ The parent or guardian registering the child is responsible for all tuition payments, the registration fee and the supply fee.

_____ I understand that the registration fee and supply fee are non-refundable.

_____ I understand that I must give the director two weeks notice for early withdrawal **in writing** for May tuition to be refunded.

_____ I understand that all tuition is due by the fifth of each month (July- April) at the close of school. Late tuition payments will result in a late fee of \$25.00. Checks that are returned to the preschool for insufficient funds or closed account will result in a \$25.00 administration fee and may be subject to the late fee.

_____ I understand the dismissal policy, authorized and emergency contact policy, late-pick up policy and parent permission sections of the registration form and parent handbook.

_____ I agree to provide snacks on a rotating basis with the other parents in the class. I understand that the preschool prefers milk or apple juice as the beverage and is a peanut/nut free school for snacks.

_____ I have been made aware that Parker United Methodist Church will be constructing the parking lots and outside landscape for the 2008-2009 school year.

_____ I have been made aware that Little Blessing Preschool, as part of the curriculum will give informal and formal assessments on each child, these assessments are made available to the parents during parent-teacher conferences or when requested. All assessments and information regarding children are always kept confidential and is discussed with parents.

_____ To the best of my knowledge all information within this packet is complete and accurate. I will advise Little Blessings Preschool of any and all changes that may occur.

Child's Name _____ Date _____

Parent's Signature _____ Initials _____

Parent's Name Printed _____