**GENERAL CONTACT**

Child Name: \_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_ Sex: M\_\_F\_\_

Home Address:

City/State/Zip

Best Daytime Phone # Primary E-Mail:

**CLASS SCHEDULE**

*Choose the class schedule that meets your needs: half-day, full-day, or a combination****. A minimum of two days per week is required in the 2-year-old room. A minimum of three days per week is required in the 3 and 4-year-old rooms. Kindergarten is 5 full days only.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class** | **Days of the Week** *(check days required)* | | | | |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Half-Day**  8:30 AM-12:30 PM |  |  |  |  |  |
| **Full-Day**  8:30 AM-3:30 PM |  |  |  |  |  |

*Extended hours of childcare $6.00/Hour (DROP-INS $10.00/Hour)* ***ONE HOUR MINIMUM WITH HALF HOUR INCREMENTS THEREAFTER***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Write TIMES on each day needed for Before and/or After Care** | | | | | |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **BeforeCare**  7:00AM-8:30AM |  |  |  |  |  |
| **AfterCare**  3:30PM-7:00PM |  |  |  |  |  |

**FAMILY INFORMATION**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| **Name** |  |  |
| **Cell Phone** |  |  |
| **E-Mail** |  |  |
| **Occupation** |  |  |
| **Company Name** |  |  |
| **Company Address** |  |  |
| **Work Phone** |  |  |

**Child Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_ **Sex: M F**\_\_\_

Please list all members of household and ages of children

Marital Status: Married\_\_\_\_\_\_\_\_ Divorced Separated\_\_\_\_\_\_\_\_

If parents are not living together, with which parent does child reside?

Please give specific instructions regarding custody and visitation arrangements if parents are not living together. *If there is a visitation court order in effect, please provide a copy to the school office.*

**EMERGENCY CONTACT INFORMATION**

*Please provide information on* ***two*** *individuals* ***in addition to parents/guardians*** *that we may contact in the event of an emergency and we cannot reach you.*

|  |  |  |
| --- | --- | --- |
|  | **Emergency Contact 1** | **Emergency Contact 2** |
| **Name** |  |  |
| **Address/City** |  |  |
| **Best Daytime Phone** |  |  |
| **Relation to Family** |  |  |
| **Authorized Pick Up?** |  |  |

Please list any other individuals authorized to pick up your child from school.

**AUTHORIZED CHILD PICK UP**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone** | **Address** | **Relation to Family** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*(parent signature) (date)*

**Child Name:** \_\_\_\_**Date of Birth: Sex: M**\_\_**F**\_\_

**MEDICAL INFORMATION AND RELEASE**

***Please provide a copy of your child’s most recent immunization and health records stamped or signed by your pediatrician – these are required in order for your child to begin school.***

|  |  |
| --- | --- |
| **Child’s Allergies** *(list any known)* |  |
| **Child’s Medications** *(list any currently in use)* |  |
| **Pediatrician** | Name: |
| Address: |
| Telephone: |
| **Medical Insurance** | Provider: |
| Policy ID: |
| Policy Holder Name: |
| **Hospital Preference** |  |

As parent/guardian, I give consent to have my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, receive first aid by the childcare staff, *and if necessary*, be transported to the hospital to receive emergency care. I give consent for the emergency contact person listed below to act on my behalf until I am available. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs.

**Parent/Guardian Signature Date**

**EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN**

In the event you are unable to reach me or my spouse, please attempt to contact the following person, whom I give authorization to give consent for medical care for my child:

Name: Relationship:

Best Contact Phone:

Address/City:

**Child Name:** \_\_\_\_\_**Date of Birth: Sex: M**\_\_ **F**\_\_

Will your child be in diapers/pull-ups when he/she starts school? Y N

(Please provide a supply of diapers/pull-ups and wipes for your child)

**\*\*Please note\*\*Students enrolling in the 4-year-old class NEED to be fully potty trained before enrollment.**

Does your child receive any special educational services? Y N

If yes, please provide below any information that will be helpful, so we can explore providing or supplementing services your child might need. Please include any evaluations and documents of development that would assist in supporting your child’s educational needs.

I give permission for my child or my family to participate in the following:

|  |  |  |
| --- | --- | --- |
|  | **Check Yes or No** | |
|  | ***YES****, I give permission* | ***NO****, I do not give permission* |
| **Voice/Photo/Video**  Permission to use child’s voice, photograph (without name) or video to promote New Beginnings Preschool with the public (e.g., advertising, news items for local newspaper, church bulletin or newsletter) | \_\_\_\_\_ | \_\_\_\_\_ |
| **Reference for Prospective Parents**  Permission to use name as reference for parents interested in the preschool, who may contact you with questions. | \_\_\_\_\_ | \_\_\_\_\_ |

**\*\*All Audio and Video recording is prohibited on school premises. There is a special exception on days where there is a program involving the preschool to which parents are invited (Halloween, Christmas Show etc.) and wish to record the said program**. ***Initial Here: \_\_\_\_\_\_\_\_\_***

I understand that there will not be any refund for missed scheduled days. This is a preschool/kindergarten and the monthly tuition insures my child a spot at the school. If my child is out due to illness or vacation, standard tuition is charged and will not be discounted, prorated or refunded.

If I choose to terminate enrollment at any time before or during the school year, I understand that I forfeit the security deposit and the tuition of the current month.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_