PARKLAND PRESCHOOL - REGISTRATION FORM

Fees	Preschool	Junior K		
Registration fee	45.00	45.00		
☐ Two days per week	170.00	200.00	monthly	
☐ Three days per week Please select your desired option	200.00	275.00	monthly	
Schedule				
☐ 3 year old class (First)	9:00 - 11:15	AM (Tue	/ Thu)	
☐ 3 year old class (Second)	12:00 - 2:15	`	, / Thu)	
☐ 4 year old class	9:00 - 11:15	•	/ Wed/ Fri)	
☐ Junior Kindergarten Please select your desired optio	12:30 - 2:45 F n.	•	/ Wed/ Fri)	
Child's Information:				
Name:			Birthdate:	
Address (Home): Gender: Boy	Girl			Postal Code:
Alta Health Care# Allergies/ Dietary Requirements				
Parent/ Guardian Inform	nation			
Main Contact E-mail				
Mother:				
Phone: H	W		C	
Address (Home):				
Father:				
Phone: H	W		C	
Address (Home):				
Other Caregiver:			Phone:	
Address:				

Emergency Contact (Must be someone other than parents - in the event parents cannot be reached)

Name:			
Phone:	(Home)	(Cell)	
Address (Home):			
Relationship:			
Discipline Polic	y:		
discipline problem, the despite teacher inter	ment will be administered by the some child will be moved to a quiet and rention and communication with the control of the con	ea until he/she is settled. If a prob the parents/guardian, the school ।	lem persists
Parent/ Guardian s	ignature:	Date:	
Safety Authoriza	ations:		
and/or seek medical	ious accident or illness, I authorize attention for my child. Parkland Pre ents/ guardian are responsible for a	eschool staff will notify parent/gua	
Parent/ Guardian s	ignature:	Date:	
We occasionally	go outdoors during good	weather for physical act	tivitv.
Parent/ Guardian s	ignature.	Date:	
r arong Gaardian s		Butc.	
Persons authoriz	ed to pick up child from s	school:	
Name:			
Name:			
Immunizations:			
Are your child's in	nmunization shots up to date? Y	'es No	
Has your child ha	d chicken pox?	'es No	
Medical Informa	ation:		
Doctor or Walk-in	Clinic:		
Phone:			

	es your child have any should be aware of?	special medical conditions of whic	h Yes	No
If ye	es, please explain:			
Will	your child be on any	medications while at school?	Yes	No
Sick P	olicy:			
	oms within the past 24 Diarrhea Fever Vomiting New or unex A child requi	I of the Communicable Disease Re hours, will not be permitted to be i plained rash or cough ring greater care and attention than	n attendance at preson	chool:
the lice premise indicati ill while signs o pillow a child as notified supervi	en should be symptone ense holder is satisfie es. The above does ing the child does not e at preschool, or whe or symptoms of illness and blanket where ap is soon as possible. I'd and expected to pic ise the sick child until	nising the care of the other children in free and/or on medication for 24 d that the child no longer poses a not apply if the child's parent prose a health risk to persons on the rea staff member knows or has reso, the child will be separated from propriate. The parents/guardian will the parents/guardians cannot be to the child as soon as possib removed from the program.	hours before returning health risk to persor ovides written notice e program premises. ason to believe that a the class and made of the notified and expereached the emerger le. A primary staff medical be notified and experence of the emerger le.	ns on the program from a physiciar If a child becomes a child is exhibiting comfortable with a ected to pick up the ncy contact will be
	notify the preschool i ask us for us for a listing of	f your child develops any communi communicable diseases)	cable diseases	

Date:

Parent/ Guardian signature: