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 n.	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 F	•	/ Thu)	
☐ 4 year old class	9:00 - 11:15 /	•	n/ Wed/ Fri)	
☐ Junior Kindergarten Please select your desired option	12:30 - 2:45 F on.	PM (Mor	n/ Wed/ Fri)	
Child's Information:				
Name:			Birthdate:	
Address (Home):				Postal Code:
Gender: Boy	Girl			
Alta Health Care# Allergies/ Dietary Requirements				
Parent/ Guardian Inforr	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 immunization shots up to date? Yes No					
Has your child had chicken pox? Yes No					
Medical Informa	ation:				
Doctor or Walk-in	Clinic:				
Phone:					

-	our child have any uld be aware of?	special medical conditions of wheelers	hich Yes	No
If yes, p	olease explain:			
Will you	ır child be on any	medications while at school?	Yes	No
Sick Poli	cy:			
in order to from a dise	protect the health ease in Schedule of within the past 24 Diarrhea Fever Vomiting New or unex A child requi	the Child Care Licensing Regular and safety of all children and state of the Communicable Disease hours, will not be permitted to be plained rash or cough ring greater care and attention the nising the care of the other children.	aff members. A child, whe Regulations or exhibits a see in attendance at prestant and can be provided with	o may be suffering any of the following chool:
the license premises. indicating t ill while at signs or sy pillow and	e holder is satisfied. The above does the child does not preschool, or whe symptoms of illnessymptoms applianted blanket where applicable.	n free and/or on medication for 2 d that the child no longer poses not apply if the child's parent pose a health risk to persons on the a staff member knows or has s, the child will be separated from propriate. The parents/guardians of the parents/guardians cannot be	s a health risk to person provides written notice the program premises. reason to believe that a om the class and made will be notified and expe	ns on the program from a physician If a child becomes a child is exhibiting comfortable with a ected to pick up the

notified and expected to pick up the child as soon as possible. A primary staff member will directly

supervise the sick child until removed from the program.

(please ask us for us for a listing of communicable diseases)

Please notify the preschool if your child develops any communicable diseases