

**Busy Little Preschoolers**

254 Swamp Rd

Durham, ME 04222

H: (207)353-9113 C: (207)319-3123

Email: [busylittlepreschoolers@gmail.com](mailto:busylittlepreschoolers@gmail.com)

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**Registration Check List**

\_\_\_\_\_ Check enclosed with **nonrefundable \$40.00 registration fee.** (fee includes t-shirt)

\_\_\_\_\_ Child's information and Parents information

\_\_\_\_\_ Medical consent

\_\_\_\_\_ Dismissal Authorization

\_\_\_\_\_ Photo Release

\_\_\_\_\_ Field-trip Participation and liability release

\_\_\_\_\_ Enclose a copy of your child's immunization record.

If child is not immunized, please provide a note from child's physician.

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**Preschool Registration**

2017-2018

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Please check what schedule of days your child will be joining us for preschool.

**9:00am - 12:00pm**

|       |                                     |               |
|-------|-------------------------------------|---------------|
| 2 Day | Tuesday / Thursday                  | \$36 per week |
| 3 Day | Monday / Wednesday/ Friday          | \$54 per week |
| 5 Day | Monday thru Friday                  | \$90 per week |
| Daily | Days to fit your schedule (specify) | \$18 per day  |

**Extended Day Program 9:00am-1:00pm (Must bring a lunch)**

|       |                                     |                |
|-------|-------------------------------------|----------------|
| 2 Day | Tuesday / Thursday                  | \$50 per week  |
| 3 Day | Monday / Wednesday/ Friday          | \$75 per week  |
| 5 Day | Monday thru Friday                  | \$125 per week |
| Daily | Days to fit your schedule (specify) | \$25 per day   |

Total weekly tuition \$ \_\_\_\_\_.

\*Tuition shall be paid for agreed upon schedule of days even if child does not attend. Tuition may be paid weekly, monthly, or annually. Annual tuition is discounted and requires a signed agreement.

**Payment is due in advance.**

\*I understand I will be charged for my child's program when in session including days my child does not attend due to illness, and personal vacation days.

I will give a two week notice before withdrawal. \*\$25.00 fee for returned checks.

**Signature indicates acceptance of the above conditions.**

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

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**Children's Information:**

Full Name: \_\_\_\_\_ Name your child goes by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Today's date \_\_\_\_\_

Address: \_\_\_\_\_

Previous preschool experience? \_\_\_\_\_

Fears your child may have (dogs, sirens, etc) \_\_\_\_\_

Any experiences your child may have had (moving, hospital stay, loss of someone dear) \_\_\_\_\_

Additional comments or concerns \_\_\_\_\_

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**Parent's Information:**

Mother's /Guardian's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work # \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Father's /Guardian's Name: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work # \_\_\_\_\_

Place of Employment: \_\_\_\_\_

\*If you use a separate email for Facebook, please add below so we may include you in our private Facebook group.

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**Medical Consent Form**

I (we) the undersigned, parent or legal guardian of \_\_\_\_\_, do hereby authorize and consent Busy Little Preschoolers to seek medical treatment deemed necessary in the event of an emergency, accident, or sudden illness. Every attempt will be made to immediately make contact with a parent.

I (we) will assume any expense incurred by such treatment.

\*Physician's Name: \_\_\_\_\_ Office Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Insurance Co \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**\*\*If needed Durham Fire and Rescue will be called.\*\***

Dentist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Are immunizations current? \_\_\_\_\_

(If child is not vaccinated, Busy Little Preschoolers needs a Dr. note on file)

Is the child(ren) currently taking any medication: \_\_\_\_\_ If So, please list: \_\_\_\_\_

Please list all allergies, medical concerns, or physical limitations: \_\_\_\_\_

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**\*\*Medication will NOT be administered to any child without written permission from parent/ guardian. Any medication must be in original packaging\*\***

I (we) do not hold Busy Little Preschoolers responsible or liable for any action necessary in the emergency care of my (our) child.

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

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**Dismissal Authorization**

Child's Name \_\_\_\_\_

Other than Parent's/ Guardian the following person(s) listed below **ARE** permitted to remove child from preschool.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work # \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

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**Photo Release**

Children will be photographed throughout the school year during the various activities that take place. These photos may be used in publications\* for Busy Little Preschoolers and slide shows throughout the year. Please designate below if your child's picture may be used.

\*Busy Little Preschoolers has a private Facebook group for parents registered in preschool. You will be invited once registration is paid. This is the ONLY place on the internet your child will have their picture. We will NOT post photos of your child's face on the Facebook page: [www.busylittlepreschoolers.com](http://www.busylittlepreschoolers.com)

Photos of my child may \_\_\_\_\_ or may not \_\_\_\_\_ be used in Busy Little Preschoolers publications\*

Photos of all children will be used in Busy Little Preschoolers year end slide show.

Child's Name \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

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**Field Trip Participation and Liability Release**

Name of Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

We, the undersigned and parents or legal guardian(s) of the above named child do hereby give permission for participation in field trips and special events conducted away from the normal premises of Busy Little Preschoolers.

We are aware that transportation to and from these events will be provided by parents in the preschool program. Copies of current drivers license and proof of insurance are necessary to transport. We are aware that the law requires that we must **provide a car seat for our child.**

Being fully aware that this school will do everything in their ability to provide safety and assistance for my child. I will not hold Busy Little Preschoolers, teachers, or parent/ volunteers responsible for any injury or physical hurt that may result from participation in such activities.

\*You will be notified in advance of each event and cost of field-trip. A signed permission slip is required so that your child may participate.

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Print)

\_\_\_\_\_  
Parent or Guardian (Signature)

\_\_\_\_\_  
Date