



MAPLE VILLAGE PRESCHOOL REGISTRATION FORM



(NON-REFUNDABLE FEE OF \$30.00 DUE WITH REGISTRATION)

Child's Name _____

Date of Birth _____

Class Requested:	Pre-K Program _____	Mon/Wed/Fri	9:00 am – 1:00 pm	\$385.00/month
	3-Year Old Program _____	Tues/Thurs	9:00 am – 12:00 pm	\$265.00/month

Parents' Names:

Father _____

Mother _____

Address _____

Address _____

Town, State, Zip _____

Town, State, Zip _____

Home Telephone No. _____

Home Telephone No. _____

Name of Business _____

Name of Business _____

Address _____

Address _____

Work Telephone No. _____

Work Telephone No. _____

Work Hours _____

Work Hours _____

Cell Phone No. _____

Cell Phone No. _____

Email _____

Email _____

Siblings names and ages:

Others in family/relationship living with you:

If Parents cannot be contacted, please notify:

Name _____ **Relationship** _____

Address _____ **Telephone No.** _____

Name _____ **Relationship** _____

Address _____ **Telephone No.** _____

Child's Physician/Clinic _____

Address _____

Telephone No. _____

Identifying Information (Required by the Office of Children Regulations):

Eye Color _____ **Hair Color** _____ **Height** _____ **Weight** _____

Sex _____ **Race** _____ **Identifying Marks** _____

Is there anything special we should know about your child? _____

Parent's Signature _____ **Date** _____

Developmental History

Child's Name _____ Date of Birth _____
(Last) (First) (Month/Day/Year)

Personal History

Does the child have any difficulties in speaking? _____

What language, other than English, is spoken in the house? _____

What special words does the child use to describe his/her needs? _____

Is the child left or right handed? _____

Health

Any physical disabilities? _____

Any allergies (asthma, hayfever, insect bites, medicines)? _____

Any medications given regularly? _____

Eating

Does the child have any special food allergies? _____

Toilet Habits

Does the child indicate his/her bathroom needs? _____

Word for: Urination _____ Bowel Movement _____

Does the child have "accidents"? _____

Sleeping Habits

Does the child take naps? _____ AM _____ PM

Social Relationships

Has the child had experiences in playing with other children? _____

By nature is he/she: _____ friendly _____ aggressive _____ shy _____ withdrawn

How does the child relate to strangers? _____

Does the child play well alone? _____ What is the child's favorite toy? _____

Is the child frightened by: _____ animals _____ loud noises _____ dark _____ rough children
_____ storms _____ anything else _____

How do you comfort your child? _____

Who does most of the disciplining? _____

What is the best way of handling him/her? _____

Special Needs

Has the child been evaluated for a special need? _____

Does the child have any trouble with: _____ hearing _____ speech _____ language _____ emotions

Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____. However, if I cannot be reached, I hereby authorize

(Name of Child)

the Maple Village Preschool to transport my child to _____ (or nearest

(Name of Emergency Medical Provider)

hospital) and to secure the necessary medical treatment for my child.

(A) _____

(Signature) (Date)

Name of Child's Health Insurance and Policy Number: _____

I understand that the teachers in the Maple Village Preschool are trained in CPR and the basics of First Aid and I authorize them to give my child, _____, First Aid and/or CPR when appropriate.

(Name of Child)

(B) _____
(Signature) (Date)

I hereby authorize The Maple Village Preschool to release my child to the following person(s) other than his/her parents:

Name _____ Relationship _____

Address _____ Telephone No. _____

Name _____ Relationship _____

Address _____ Telephone No. _____

Name	<u></u>	Relationship	<u></u>
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Address _____ Telephone No. _____

(C) _____
(Signature) (Date)

If you have not listed anyone in the above release section, please briefly explain your reasons. This is required by the Office for Children.
