

Busy Little Preschoolers

254 Swamp Rd

Durham, ME 04222

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

Email: busylittlepreschoolers@gmail.com

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
2016-2017

Child's Name _____ Date of birth _____

Address _____ Phone# _____

Please return the completed registration form to 254 Swamp Rd, Durham, ME 04222

If you have additional questions or would like a tour please contact Kristina Faith.

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

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

Total weekly tuition \$_____.

*Tuition shall be paid for agreed upon schedule of days even if child does not attend. Tuition may be paid weekly or monthly. Participants may choose a weekly or monthly payment schedule with payments due on Thursday/Friday of each week or the last Thursday/Friday of each month. **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 _____

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.

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: _____

****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

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

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