

MAPLE VILLAGE PRESCHOOL REGISTRATION FORM

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

Child's Name _____ Admission Date _____ (office use)

Date of Birth _____

Class Requested (in order of preference): **Pre-K Program** _____ **MWF AM** **\$390.00 per month**
 3-Year Old Program _____ **T/TH AM** **\$270.00 per month**

Parents' Names:

Father _____
Address _____
Town, State, Zip _____
Home Telephone No. _____
Name of Business _____
Address _____
Work Telephone No. _____
Work Hours _____
Cell Phone No. _____
Email _____

Mother _____
Address _____
Town, State, Zip _____
Home Telephone No. _____
Name of Business _____
Address _____
Work Telephone No. _____
Work Hours _____
Cell Phone No. _____
Email _____

Siblings names and ages:

Others in family/relationship living with you:

If Parents cannot be contacted, 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By nature is he/she: _____ friendly _____ aggressive _____ shy _____ withdrawn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, _____
(Name of Child)

However, if I cannot be reached, I hereby authorize the Maple Village Preschool to transport my child to _____ (or nearest hospital) and to secure the
(Name of Emergency Medical Provider)
necessary medical treatment for my child.

(A) _____
(Signature) *(Date)*

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

(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 _____ Relationship _____

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.
