



The Country Playhouse Preschool

Preschool Registration

Enrollment Year: _____ Preschool 3 & 4's Class T/Th Pre-K 4 & 5's Class M/W/F

Date: ____/____/____		<input type="checkbox"/> New Student		<input type="checkbox"/> Current Student		<input type="checkbox"/> Returning Student	
Child's Name:				Birthdate: ____/____/____		Gender: F M	
Address:				City:		Zip:	
<i>Parent/Guardian Information: All sections MUST be completed.</i>							
1. Parent/Guardian:				Phone: () -			
Relation to Child:				State ID#:			
Address:				City:		Zip:	
Employer:				Work Number: () -			
Email:				Best Time to Contact:			
2. Parent/Guardian:				Phone: () -			
Relation to Child:				State ID#:			
Address:				City:		Zip:	
Employer:				Work Number: () -			
Email:				Best Time to Contact:			
Sibling Name:				Age:			
Sibling Name:				Age:			
<i>In case of an emergency, please list alternate emergency contacts and authorized pick-up people.</i>							
Emergency Contact:				Phone: () -			
Emergency Contact:				Phone: () -			
Authorized to Pick-Up:				Phone: () -			
Family Situation: <i>Please check one box.</i>							
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together <input type="checkbox"/> Legal Separation For divorced families, is there a parenting plan or custody agreement in place? ____YES ____NO For us to enforce a parenting plan or custody agreement, we must have a copy in your child's file.							

Health, Medical and Insurance Information

Child's Physician:		Office Phone: () -	
Child's Dentist:		Office Phone: () -	
Insurance Carrier:		Policy #:	
Medications being taken:		Immunizations up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Child's Last Physical: / /		Date of Last Dental Visit: / /	
List Any Known Illnesses:			
List All Food Allergies:			
Preferred Foods to Avoid:			
List Medication Allergies:			

In the event of an emergency as determined by the Director, teaching staff or his/her designee, 9-1-1 will be called. By my signature, I authorize emergency personnel to treat my child and determine if additional treatment is needed. I authorize them to transport my child to an appropriate hospital emergency/trauma facility. I authorize physicians and other medical personnel to perform diagnosis and treatment (including surgery) necessary to stabilize and/or save my child's life. I agree to be responsible for all costs incurred in the treatment of injuries/illnesses/incidents, which may occur while my child attends The Country Playhouse Preschool, and hold The Country Playhouse Preschool harmless of any liability or costs. My child's physician may be contacted and he/she is permitted to share information pertaining to my child's treatment and other medical conditions. By my signature below, I authorize and agree to these medical emergency instructions and the statements above.

Parent/Guardian Name (print name): _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Registration Fee Paid 1st Month Tuition Paid: \$ _____ Receipt Date: _____

Returned Forms: Application Parent HB Form CC Authorization About Me
 Photo Permission Tuition Contract Emergency Card
 WSP Criminal Background Form (optional-for classroom volunteers only)
 Asthma or Allergy Action Plan (optional-for known allergies & asthma)
 Parenting Plan (If applicable) Custody Agreement (If applicable)

Office Personnel Signature: _____ Date: _____