

Parents' Cooperative Preschool  
at Itty Bitty City  
3640 S. Campbell  
Springfield, MO 65807  
(417) 202-2025  
[parentscooperative@gmail.com](mailto:parentscooperative@gmail.com)

OFFICE USE ONLY		
Child's Name: _____		
Child's Class: Tots	Pre-S	Pre-K
Enrollment Fee Paid: _____		
Enrollment Date: _____		

### Registration Form

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alt Phone Number \_\_\_\_\_

Parent/Guardian(s) Name(s) \_\_\_\_\_

Address (if different from Child) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

Siblings: Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Additional Family Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### How did you hear about PCPS?

\_\_\_\_\_ Internet      \_\_\_\_\_ PCPS Brochure      \_\_\_\_\_ Facebook      \_\_\_\_\_ Referral

Other \_\_\_\_\_

**Emergency contacts if parent/guardian(s) is unavailable:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

**Individual(s) authorized to pick up child from school:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

**In case of emergency:**

**Primary Care Physician:** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Dentist:** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

**HISTORY:**

1. Has your child had any serious health problems? \_\_\_\_\_

\_\_\_\_\_

2. Is your child on any long-term medication? \_\_\_\_\_

\_\_\_\_\_

3. Does your child have any known allergies? \_\_\_\_\_

\_\_\_\_\_

4. Does your child have any special dietary needs? \_\_\_\_\_

\_\_\_\_\_

5. Are there any special problems that would prevent participation in activities? \_\_\_\_\_

\_\_\_\_\_

6. Are you concerned with any areas of your child's development? i.e. speech, large/small motor skills, etc. \_\_\_\_\_

\_\_\_\_\_

7. Does your child have any specific fears? \_\_\_\_\_

\_\_\_\_\_

8. Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the best of my knowledge, the above information is correct and accurate as of the date signed below.

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date

## AUTHORIZATIONS & AGREEMENTS

\_\_\_\_\_ 1. I agree to pay a non-refundable annual registration fee of \$60 to hold my child's place in the PCPS school year program.

\_\_\_\_\_ 2. Tuition will be paid at the beginning of each month unless arrangements have been made with the Director or Board of Directors.

\_\_\_\_\_ 3. I will participate in my child's class as a Teacher's Assistant, provide snacks, and serve on committees as needed.

\_\_\_\_\_ 4. If my child attends the 4-hour program, I will be responsible for providing a lunch for my child.

\_\_\_\_\_ 5. My child has permission to use all play equipment and participate in all activities planned by the PCPS staff.

\_\_\_\_\_ 6. I must sign the field trip waiver and arrange for transportation with another PCPS parent if I or another friend/family member cannot accompany the child on the field trip.

\_\_\_\_\_ 7. I understand that if my child shows signs of being ill, he/she CANNOT attend school, in accordance with the PCPS Handbook and the MO Dept. of Health. If my child becomes ill at school, I will be contacted and expected to pick up my child as soon as possible.

\_\_\_\_\_ 8. PCPS has my permission to photograph my child for in-school purposes.

\_\_\_\_\_ 9. PCPS has my permission to photograph my child and use it for promotional (brochures, website, social media) purposes.

\_\_\_\_\_ 10. I am aware that PCPS is a license-exempt facility, and that they undergo annual health and safety inspections by the MO Bureau of Health and Senior Services. These forms and the Dept. of Health Rules for License-Exempt Child Care Facilities pamphlet is available for review upon request.

\_\_\_\_\_ 11. In accordance with Section 210.003.7, RSMo., I have the right to request notice of whether an enrolled child has an immunization exemption on file.

I have read, initialed, and agree with the above statements.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date