

Preschool Registration

Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the space in which you wish to register your child.\*\*\***

**Tuition is monthly.\*\*\* Please specify any day requests\*\*\*\***

**Choose one please: 8am-12pm\_\_\_\_\_\_\_\_ 1pm-5pm\_\_\_\_\_\_\_\_**

**6 months-Toddler/Two Year Old**

T/TH\_\_\_\_\_\_($240) MWF\_\_\_\_\_\_\_($290) 5 Days\_\_\_\_\_\_\_\_\_($390)

**Three Year Old**

T/TH\_\_\_\_\_\_($180) MWF\_\_\_\_\_\_\_($250) 5 Days\_\_\_\_\_\_\_\_\_($300)

**Four/Five Year Old**

T/TH\_\_\_\_\_\_($180) MWF\_\_\_\_\_\_\_($250) 5 Days\_\_\_\_\_\_\_\_\_($300)

**Payment due at Registration includes:**

* **$75 registration fee is due at time of registration**

Emergency Contacts

**Authorized person(s) who may pick up and/or take responsibility for my child in the case of any of the following:**

**-Medical Emergency**

**-If parent(s) cannot be reached to pick up child at designated pick up time or at closing.**

**-If staff cannot reach parent(s), these people may assume responsibility of the child.**

**\*\*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent Instructions and Consent

1. Is your child toilet trained?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ages 3 and up)

Special Instructions/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does your child have allergies? If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*We are a nut free facility BUT some products are processed in a facility that processes nut products as well. If this presents an issue for your child, please provide them with their own snack.**

3. Does your child present behavioral or developmental concerns?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. I authorize staff of Kid Cove to use the commercial baby wipes and diapers I have provided on my child. I also authorize Kid Cove staff to use the Kid Cove provided baby wipes and diapers at $1 per diaper.

**Initials:**\_\_\_\_\_\_

5. I give Kid Cove permission to use my child’s photo on Facebook and other Social Media outlets exclusively for Kid Cove and no other public outlet other than in Kid Cove property. **Initials:** \_\_\_\_\_\_

6. I understand that Kid Cove, in emergency situations, may have to contact an emergency medical service before they contact the parent, child physician and/or the person responsible for my child. In the event of a medical emergency, I understand that my child may be transported to the nearest emergency facility if deemed necessary by the emergency medical professional.

**Initials:**\_\_\_\_\_\_

7. I grant permission to Kid Cove staff to take appropriate measures deemed necessary to care for and protect my child while in their care.

**Initials:**\_\_\_\_\_\_

Is your child vaccinated? yes\_\_\_\_\_ no\_\_\_\_\_

\*Please have vaccination records sent to [kidcoveboone@gmail.com](mailto:kidcoveboone@gmail.com) by first day of enrollment.

I understand it is my responsibility to keep this form updated if changes need to be made. Kid Cove is not liable if any of this information is outdated or incorrect.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_