

# The Learning Nest Preschool



## REGISTRATION INFORMATION FORM

SCHOOL YEAR 2021-2022

### AFTER SCHOOL PROGRAM

#### After School Care

3 Days \_\_\_\_\_

4 Days \_\_\_\_\_

5 Days \_\_\_\_\_

#### Before and After School Care

3 Days \_\_\_\_\_

4 Days \_\_\_\_\_

5 Days \_\_\_\_\_

#### Before School Care

3 Days \_\_\_\_\_

4 Days \_\_\_\_\_

5 Days \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Day of Birth: \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone number: \_\_\_\_\_

Who will bring child to school more often: \_\_\_\_\_

If different from parents please provide:

Name: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Date of last physical exam: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

Insurance company name: \_\_\_\_\_

Member/policy number: \_\_\_\_\_ Policy holder name : \_\_\_\_\_

Employer name: \_\_\_\_\_

Please list any allergies:

\_\_\_\_\_

Please list any food restrictions:

\_\_\_\_\_

Please list any concerns such as vision, hearing, speech or learning:

\_\_\_\_\_

Please list any life-threatening medical conditions:

\_\_\_\_\_

Please list current medications taken by the child:

\_\_\_\_\_

# The Learning Nest Preschool



Prime Time Children Preschool LLC

## ENROLLMENT CONTRACT SCHOOL YEAR 2021-2022

Child's Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

### AFTER SCHOOL PROGRAM

#### AFTER SCHOOL CARE

3 Days \_\_\_\_\_ 4 Days \_\_\_\_\_ 5 Days \_\_\_\_\_

Please circle days child will be coming to school: M T W TH F

#### BEFORE AND AFTER SCHOOL CARE

3 Days \_\_\_\_\_ 4 Days \_\_\_\_\_ 5 Days \_\_\_\_\_

Please circle days child will be coming to school: M T W TH F

#### BEFORE SCHOOL CARE

3 Days \_\_\_\_\_ 4 Days \_\_\_\_\_ 5 Days \_\_\_\_\_

Please circle days child will be coming to school: M T W TH F

**Please initial:**

- Tuition gets paid monthly \_\_\_\_\_
  
- Tuition is due on the 1<sup>st</sup> day of each month \_\_\_\_\_
  
- Payments can be made by check or credit card \_\_\_\_\_
  
- There are no refunds for absences, vacations or school closures \_\_\_\_\_
  
- There are no makeup classes \_\_\_\_\_
  
- A \$10 late fee will be applied every day for payments received after the 5<sup>th</sup> of the month until full payment has been made \_\_\_\_\_
  
- One month notice for termination of this contract is required \_\_\_\_\_

**I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT FOR MY CHILD'S TUITION CONTRACT WITH THE LEARNING NEST PRESCHOOL. I FURTHER AGREE THAT IF I GIVE ONE MONTH NOTICE I WILL BE RESPONSIBLE FOR PAYMENT OF SUCH MONTH WHETHER MY CHILD ATTENDS OR NOT.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The Learning Nest  
Preschool**



**EMERGENCY CONTACT LIST**

**SCHOOL YEAR 2021-2022**

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize the people listed to pick up my child in case of emergencies.

Please note: Children will not be released to individuals you are not listed, ID required.

1. Name: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Other phone number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Other phone number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Other phone number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

4. Name: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Other phone number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Who does not have permission to pick up your child?

Name: \_\_\_\_\_ Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## CONSENT OF MEDICAL CARE AND TREATMENT SCHOOL YEAR 2021-2022

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by the child care licensee and/or qualified staff at "The Learning Nest Preschool". In case I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Preferred hospital: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**The Learning Nest  
Preschool**



**PERMISSION FORM  
SCHOOL YEAR 2021-2022**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Please initial:

- I understand that “The Learning Nest Preschool” has a parent handbook which I will make sure to read through and understand the rules and regulations \_\_\_\_\_
- I give permission to “The Learning Nest Preschool” to photograph and/or videotape my child to be used for classroom projects or newsletters only \_\_\_\_\_
- I give permission to “The Learning Nest Preschool” to photograph my child with the purposes of publicity or marketing \_\_\_\_\_
- I give my permission to “The Learning Nest Preschool” to share my email and phone number on the school directory \_\_\_\_\_
- I have received from “The Learning Nest Preschool” all information about the school’s Crisis/Disaster Plan. I understand a full copy is available for my review outside the classroom in the Policies Folder \_\_\_\_\_

Signature: \_\_\_\_\_

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

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## Non-Medical Authorization Form

The staff of The Learning Nest Preschool has permission to administer the following items to my child:

- Diaper Ointments
- Sunscreen
- Lip Balm or Lotion
- Hand Sanitizer
- Toothpaste (2 years old or older)

Additional instructions:

Child's Name:

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date: