



**REGISTRATION INFORMATION FORM**  
**SCHOOL YEAR 2026-2027**

- \_\_\_ KOALAS CLASS (6 weeks to 12 months)
- \_\_\_ BIRDS CLASS (12 months to 30 months)
- \_\_\_ OWLS CLASS (2.5 to 3.5 years old)
- \_\_\_ RABBITS CLASS (3.5 to 5 years old)

**Full Time Program (9:00am-3:00pm)**

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

**Full Time Program w/ Before and After Care (7:00am-6:00pm)**

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:

\_\_\_\_\_



**ENROLLMENT CONTRACT**  
**SCHOOL YEAR 2026-2027**

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

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

KOALAS CLASS \_\_\_\_\_ BIRDS CLASS \_\_\_\_\_  
OWLS CLASS \_\_\_\_\_ RABBITS CLASS \_\_\_\_\_

**Full Time Program (9:00am-3:00pm)**

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

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

**Full Time Program w/ Before and After Care (7:00am-6:00pm)**

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

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

**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 (fee applies) \_\_\_\_\_
- There are no refunds for absences, vacations or school closures \_\_\_\_\_

- I understand the month of December needs to be paid in full regardless of the 2-week Holiday closure \_\_\_\_\_
- There are no makeup classes \_\_\_\_\_
- A \$15 late fee will be applied every day for payments received after the 3rd of the month until full payment has been made \_\_\_\_\_
- I have read the termination of care policies \_\_\_\_\_
- Two weeks' notice for changes of schedule \_\_\_\_\_
- I have read the fees for drop-in care/extra days policies \_\_\_\_\_

**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, INCLUDING THE FIRST DAY'S MONTH STATED ON THE ENROLLMENT CONTRACT.**

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

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



**EMERGENCY CONTACT LIST**  
**SCHOOL YEAR 2026-2027**

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: \_\_\_\_\_



**CONSENT OF MEDICAL CARE AND TREATMENT  
SCHOOL YEAR 2026-2027**

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

I, \_\_\_\_\_, the parent/guardian give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by the childcare 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:** \_\_\_\_\_



**PERMISSION FORM**  
**SCHOOL YEAR 2026-2027**

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 including termination of care policies and billing policies \_\_\_\_\_
- 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 read 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 or posted on the school's website \_\_\_\_\_
- I have reviewed the calendar and are aware of any closures related to holidays, teacher development days, cleaning days, etc. \_\_\_\_\_

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

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



## **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:**



**Family Questionnaire**

**Child name:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_

**Please help us to get to know you and your child. We look forward to creating a collaborative relationship and working together to ensure that your child reaches his/her fullest potential.**

**Please list all members of your family:**

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**Are there any other spoken languages at home other than English?**

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**What holidays would you like to share with your child's class?**

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**What are your child's interests?**

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**What kind of activities do your child likes to do at home?**

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**Does your child nap or rest in the afternoon? If yes, for how long?**

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**Is your child potty trained, including dry at night? If not, what strategies are being used at home?**

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**Please share some of the qualities you enjoy the most about your child:**

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**Please share any information regarding development or behavioral concerns:**

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**Has your child had school experience before? If yes, please describe special likes or dislikes she/he has about school:**

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**How do you want to participate in your child's preschool experience? (Reading, talent to share, celebrations, preparation of materials, volunteering):**

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**Is there anything else you would like to share about your child that you think might be helpful for the teachers to know?**

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**What do you hope will be the major outcomes from your child's school experience this year?**

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**Additional comments or concerns:**

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