

REGISTRATION INFORMATION FORM

SCHOOL YEAR 2026-2027

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: _____

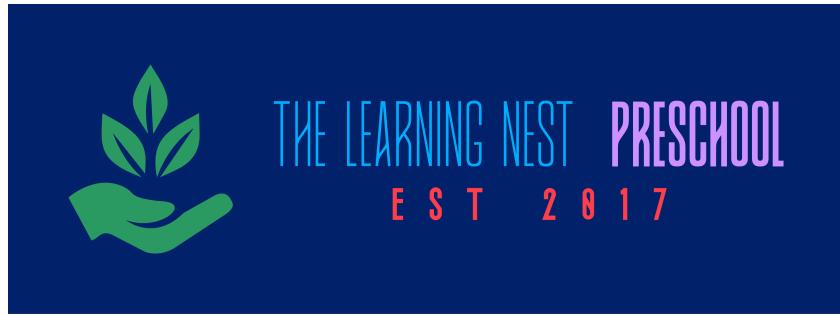
Please list any allergies:

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:



ENROLLMENT CONTRACT

SCHOOL YEAR 2026-2027

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

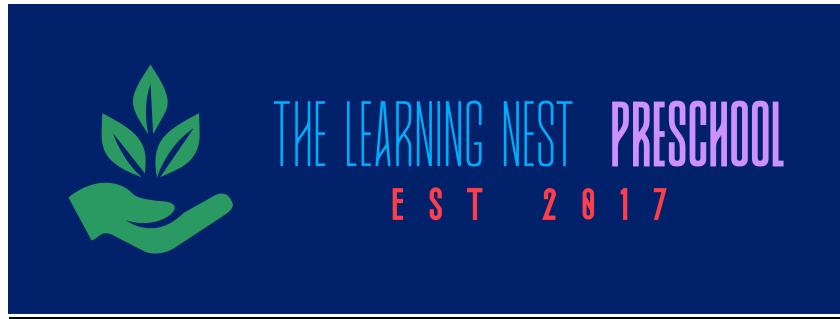
Please initial:

- Tuition gets paid monthly _____
- Tuition is due on the 1st 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 \$15 late fee will be applied every day for payments received after the 3rd 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: _____



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

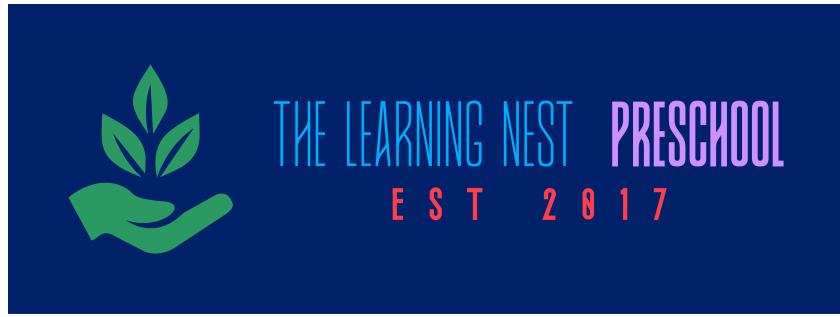
SCHOOL YEAR 2026-2027

Child's name: _____ Date of Birth: _____

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



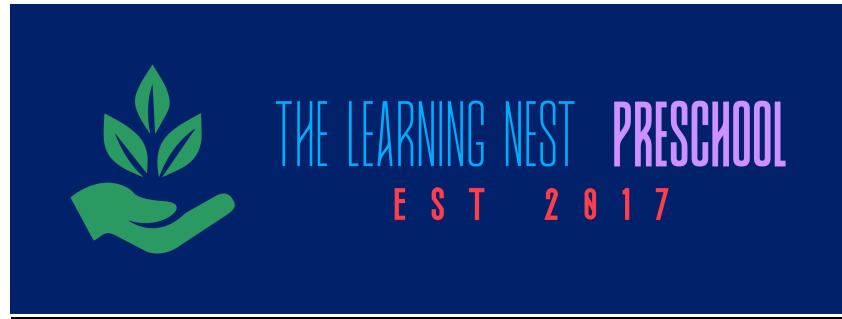
PERMISSION FORM
SCHOOL YEAR 2026-2027

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 _____
- 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: _____



Non-Medical Authorization Form

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

(check all that apply)

- 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: