



## 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 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 \$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: