



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

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

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 (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:

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

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

What are your child's interests?

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

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

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

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

Please share any information regarding development or behavioral concerns:

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

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

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

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

Additional comments or concerns:
