

THE LITTLE COUNTRY PRESCHOOL
REGISTRATION 2025-2026



Child's Full Name: _____ DOB: _____ Sex: M / F

Does your child have any allergies? ___ No ___ Yes

(Food: _____)(Medicine: _____)

(Please understand these foods may be within your child's reach at school.)

Will any medicines need to be administered during school? No Yes

Does your child have any conditions that will affect play/learning? No Yes

Complete Address: _____

Email: _____ Home Phone: _____

Mother's Full Name: _____ Cell #: _____ Work #: _____

Father's Full Name: _____ Cell #: _____ Work #: _____

Parents are: ___ Married ___ Divorced ___ Separated ___ Living Together

Are there any special custody arrangements? ___ No ___ Yes

If yes, please explain: _____

Sibling: _____ M / F Date of Birth: ___/___/___

Sibling: _____ M / F Date of Birth: ___/___/___

In case of medical emergency, please transport my child by ambulance to
_____ Hospital.

In addition to those listed above, the following individuals may pick up my
child:

Full Name _____ Cell # _____

Full Name _____ Cell # _____

Full Name _____ Cell # _____

Full Name _____ Cell # _____

I agree to register my child in Creative Hands Preschool for the entire school year (August through May) in the following class:

- ☐ TUESDAY/THURSDAY 1pm to 4pm (Ages 3 & 4)..... \$200 monthly
☐ TUESDAY/THURSDAY 9am to 4pm (Ages 3 & 4)..... \$400 monthly
☐ MONDAY/WEDNESDAY/FRIDAY 9am to 4pm (Ages 4 & 5)..... \$600 monthly

I agree to pay the monthly tuition by the first class of each month, as well as the non-refundable registration fee of \$200 to reserve my child's place and pay for his/her school supplies.

I give permission for my child's photograph(s) and/or videotaping(s) to be used for preschool marketing materials offline and online, newsletters, and art projects. I agree to abide by the Policies & Procedures Handbook which has been explained to me.

Parent/Guardian: _____ Date: _____

Preschool Use Only (Do Not Write Below This Line)

Accepted _____ **Denied** _____

Registration Fee Paid: \$_____ Cash / Check

Referral: ___ Flyer ___ Website ___ Referral from: _____ ___ Other: _____

Child Fully Potty Trained: ___ Underwear ___ Pull-Ups ___ Will be potty trained by beginning of school

Emergency Contacts

In the event that we cannot reach you, please list two emergency contacts that we can call and relay information about your child's condition and location.

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Child's Name: _____ Child's DOB: _____

Name: _____ Relationship to Child: _____

Signature: _____ Date: _____

Emergency Permission

In the event of an injury or illness that occurs while your child is in our care, we will follow these procedures depending on your child's condition:

- If your child has sustained a mild injury (example: skinned knee) we will make your child comfortable and let you know what happened when you come to pick up your child.
- If your child has sustained a minor injury or might be coming down with an illness (example: slight fever or bumped head) we will call you (or your emergency contacts, if you're not available) and let you know what happened, and what your child's condition appears to be. We will make your child comfortable and monitor his/her condition. If the condition worsens or your child does not appear comfortable at the preschool, we will call you again and ask that you pick up your child.
- If your child has sustained a severe injury (example: broken leg) we will perform immediate CPR or First Aid to try to stabilize your child's condition. We will also call 911 to get immediate help for your child and will transport your child by ambulance or other method necessary to secure the best possible care for your child. Once we make sure that your child is receiving the necessary care he/she needs, we will contact you (or your emergency contacts, if you're not available) and let you know of your child's condition and location.

I hereby give permission to The Little Country Preschool to provide or secure the necessary medical care for my child _____, including arranging the transportation for my child to _____ hospital for treatment as deemed necessary by the provider. I also accept full liability for all treatment and transportation expenses.

Child's Name: _____ Child's DOB: _____

Name: _____ Relationship to Child: _____

Signature: _____ Date: _____

Farm Liability Waiver/ Release Form



The Little Country Preschool
1258 Pleasant Grove Ridge Road
Mount Eden, KY 40046

I, _____, parent/guardian of _____
hereby acknowledge to The Little Country Preschool (Creative Hands, LLC), that: 1. I am actively aware of the risk(s) of my child (named above) participating in a class/activity on a farm and being around livestock, which includes goats, cows, horses, donkeys, chickens, dogs, and any other animal on The Little Country Preschool (Roberta & Richard Pack) property. 2. I assume all foregoing risk of using The Little Country Preschool (Creative Hands, LLC) property, and accept personal responsibility for damages from my use, including, but not limited to injury, disability, or death. 3. I release, waive, and discharge The Little Country Preschool (Creative Hands, LLC), from any and all liability to me, my heirs, and next of kin for any and all claims, demands, losses, or damages, related to my use of The Little Country Preschool (Creative Hands, LLC), property. I agree to accept full responsibility for any guest whom I bring to The Little Country Preschool (Creative Hands, LLC) property, and will defend and indemnify The Little Country Preschool (Creative Hands, LLC) against any claim brought by such person. I have read the above waiver and release, understand that I give up substantial rights by signing it, and sign it voluntarily.

Signature

Date

In summary, I understand that accidents happen, especially around animals. Even though the animals will be under the control of an experienced adult and children will be closely supervised, animals can become spooked or upset. Children will be taught safety guidelines and safety precautions around all of the animals before actively engaging with them. However, bites, kicks, scratches and stings may occur. By signing above, you are releasing The Little Country Preschool (Creative Hands, LLC) from any and all responsibilities of said occurrences.

Acknowledgment and Release Form

I, _____, parent/guardian of
_____, understand and acknowledge to The Little Country
Preschool (operated by Creative Hands, LLC) that:

1. I am fully aware of the risks involved in my child's participation in classes and activities on a farm, which includes being around animals such as goats, cows, horses, donkeys, chickens, dogs, and any other animals on the property owned by Roberta (Mrs. Robin) & Richard (Mr. Rick) Pack (The Little Country Preschool).
2. I accept responsibility for any risks associated with using The Little Country Preschool's property, including injury, disability, or death. I understand that by allowing my child to participate, I assume all liability for any damages that may occur.
3. I release and waive all liability from The Little Country Preschool (Creative Hands, LLC), its owners, and employees for any claims, demands, losses, or damages related to our use of the property. I also accept full responsibility for any guest I bring to the property and agree to defend and protect The Little Country Preschool from any claims made by that guest.
4. I acknowledge that my child will be supervised by experienced adults at all times during activities. Additionally, animals will be under the control of an experienced handler during interactions. However, I understand that accidents involving animals can still occur despite supervision and handling.

I have read and understood this waiver and release and am signing it willingly, knowing that I am giving up significant legal rights.

Signature Of Parent/Guardian

Date

Summary

I understand that accidents can happen, especially around animals. Even though the animals will be handled by an experienced handler, and my child will be supervised at all times, animals can still get startled or upset. Safety rules will be taught before any interaction, but there is still a possibility of bites, kicks, scratches, or stings. By signing this form, I release The Little Country Preschool (Creative Hands, LLC) from any responsibility for these incidents.

Photo/Video Permission

I understand that my child may be photographed and/or videotaped while at preschool, and I give permission for **The Little Country Preschool** to use the resulting photographs and/or video clips of my child for these purposes:

- Y / N Use photographs for our records and a variety of arts & crafts projects
- Y / N Use photographs for promotional purposes on our preschool website and/or blog
- Y / N Record video clips onto a DVD for families of enrolled children
- Y / N Display video clips for promotional purposes on our preschool website and/or blog

Child's Name: _____ Child's DOB: _____

Name: _____ Relationship to Child: _____

Signature: _____ Date: _____