

Days:
Teacher:
Cash/Check no:

PROVIDENCE PRESCHOOL

REGISTRATION INFORMATION 2018/2019

CHILD INFO: (office use: Birth Cert. ___ Shot Record ___ Health Form ___ Allergy ___ Payment ___)

First Name:	M:	Last Name:
Nickname:	Sex: M/F	DOB:
Street Address:		
City:	State:	Zip:
Phone: ()		

Allergies/Current Health Issues/Special Medications/Restrictions:

(If allergies are present, fill out "Allergy Info Form". Fill out "Medication Auth. Form" for medication or restrictions)

	Father	Mother
Name:		
Active PBC Member?		
Home		
Work		
Cell Phone:		
Email:		
Employer:		

PARENTS: () Married () Divorced () Separated () Widowed () Single

Child lives with: Both Parents Mother Father Legal Parent/Guardian

List the names and birthdate of any siblings attending Providence Preschool:

Name	DOB

EMERGENCY CONTACT INFORMATION

Please list two (local) people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Phone	() -	() -
Authorized to make medical decisions?		

PICK-UP INFORMATION:

The following people HAVE permission to pick-up my child from Providence Preschool. (It is the parent’s responsibility to notify the office in writing of any changes.) Please name people OTHER than the parents.

	Person 1:	Person 2:
Name		
Relation		
Phone:	() -	() -
	Person 3:	Person 4:
Name		
Relation		
Phone	() -	() -

What age will your child be by August 31, 2018: _____

Comments/Concerns: (Please note any concerns or preferences for the upcoming school year. We cannot guarantee any requests made, but will take them into consideration.)

Total Fees:

Mon-Fri: \$240/mo	MWF: \$190/mo	Tue/Thur: \$165/mo
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- The fee for Childcare is \$_____ per month due and payable on the 1st of each month. I understand and agree to pay a late fee if tuition is paid after the 5th of each month. (The above amount does not reflect any applicable discounts)
- My family is eligible for the following discounts (circle) : 10% Church Member 15% Sibling
- A Registration Fee of \$_____ is due at time of registration in order to secure a place at Providence Preschool. I understand that the registration fees are non-refundable.

AGREEMENT CONDITIONS:

- Any person unfamiliar to Providence Preschool will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed in the parent and pickup person sections above without WRITTEN permission from the parent.
- When my child is ill, I understand and agree that Providence Preschool will not accept my child for care. That includes: fever, diarrhea, vomiting, bad cough, and a communicable disease.
- I certify that my child is, to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.
- I hereby give consent to Providence Preschool to photograph or video tape my child. I understand this media may be used on the website or other school-related advertising.

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of retainer.

Child's Name(s) (including any siblings)

Parent Name (Printed)

Parent Signature

Date
