



# Here Wee Grow! Preschool

## Registration 2020-2021

*"Nurturing Tomorrow's Leaders"*



Child's Name (Please print)	Age            Male _ Female __
Birth date	Name your child goes by
Address	Home Phone
Parent/Guardian's Name (Please print)	Address
Place of Employment Address of Employment	Cell Phone Work Phone E-Mail:
Parent/Guardian's Name (Please Print)	Address
Place of Employment Address of Employment	Cell Phone Work Phone E-Mail:

The legal guardian(s) of (Child's name) \_\_\_\_\_ are  
 \_\_\_\_\_ and \_\_\_\_\_  
 Please print names

Signature of a guardian \_\_\_\_\_ Date \_\_\_\_\_

Dismissal Authorization (Other than parents)

The following people are authorized to remove _____ from school.		
Name	Relationship	Daytime phone ( )
Name	Relationship	Daytime phone ( )
Name	Relationship	Daytime phone ( )

# Classes for Here Wee Grow! Preschool

2020-2021 School Year

## Three-Year-Old Classes

These classes are for children who are three years old by December 31<sup>st</sup>, 2020

Mark (X) the appropriate box

<b>3- Year Old</b>	<b>Monday/Wednesday/Friday</b> 8:45 a.m. – 11:45 a.m. Cost is \$255 per month	<b>Tuesday/Thursday/Friday</b> 8:45 a.m. – 11:45 a.m. Cost is \$255 per month
<b>3-Year Old Full Days</b>	<b>Monday/Wednesday/Friday</b> 8:45 a.m. – 3:30 p.m. Cost is \$455 per month	<b>Tuesday/Thursday/Friday</b> 8:45 a.m. – 3:30 p.m. Cost is \$455 per month

<b>3- Year Old</b>	<b>Monday through Friday Mornings</b>	8:45 a.m. – 11:45 a.m. Cost is \$365 per month
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<b>3- Year Old</b>	<b>Monday through Friday Full Days</b>	8:45 a.m.-3:30 p.m. Cost is \$695per month
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## Four-Year-Old Classes:

These classes are for children who will be 4 years old by Dec. 31, 2020

Mark (X) the appropriate box

<b>4- Year Old (3-day options)</b>	<b>Tuesday/Wednesday/Thursday</b> 8:45 a.m. – 11:45 a.m. Cost is \$255 per month	<b>Tuesday/Wednesday/Thursday</b> 12:30 p.m. – 3:30 p.m. Cost is \$255 per month
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<b>4 Year Old</b>	<b>Tuesday/Wednesday/Thursday Full Days</b>	8:45 am – 3:30 p.m. Cost \$455 per month
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<b>4- Year Old (5-day options)</b>	<b>Monday through Friday</b> 8:45 a.m. – 11:45 a.m. Cost is \$365 per month	<b>Monday through Friday</b> 12:30 p.m. – 3:30 p.m. Cost is \$365 per month
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<b>4 Year Old</b>	<b>Monday through Friday Full Days</b>	8:45 a.m. – 3:30 p.m. Cost is \$695 per month
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Registration fee (\$50) must accompany the application to secure placement  
September tuition must be paid by July 1<sup>st</sup> in order to maintain placement in our program.

### Office Use:

Registration Fee	Check # and Amt	Cash Amt.
September Tuition	Check # and Amt	Cash Amt

### Emergency Contacts

Parents will be the first contacted. Please list in order, which friend/relative that should be contacted if we are unable to make contact with a parent

Name	Relationship	Daytime phone ( )
Name	Relationship	Daytime phone ( )
Name	Relationship	Daytime phone ( )

### Out of State Emergency Contact

Name	Relationship:	Phone:
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### General Information

(Please share any information that will help us know your child better)

Previous preschool experience Yes ___ No ___ Where?
Fears your child may have (such as dogs, sirens, etc.)
Any recent experiences, such as moving, hospital stay or loss of family member, that we should be aware of?
Additional comments or concerns:

How did you hear about Here Wee Grow! Preschool?  Family member ___ Friend ___ Web-site ___ Sign on the building ___  Other _____
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**Permission to Treat (Medical/Surgical Emergencies)**

**In the event parents cannot be reached and a medical/surgical emergency is necessary while my child is attending Here Wee Grow! Preschool, I grant permission for him/her to receive the necessary treatment as listed below. I understand that an ambulance or other such vehicle as necessary may transport my child.**

<b>Child's Name:</b>	<b>Telephone:</b>
<b>Child's allergies to medication</b> <b>Major illness/disease</b>	
<b>Health Insurance Policy Number:</b> <b>Name of Policy Holder:</b>	
<b>Child's Physician:</b>	<b>Telephone:</b>
<b>Hospital Choice</b>	
<b>Dentist:</b>	<b>Telephone:</b>
<b>Parent's Signature:</b>	<b>Date:</b>
<b>Print Parent's Name</b>	

**Permission to Treat**

1. I grant permission for my child to participate in all activities of the school including the use of all play equipment inside and out.
2. Permission is given for the Director (or acting director) to take necessary steps to obtain emergency treatment if needed. Those steps would include:
  - An attempt to contact a parent
  - An attempt to contact child's physician
  - An attempt to contact a parent through other information on school forms
  - An attempt to contact another physician
  - Calling for Emergency Medical Treatment
  - Transportation of the child to a hospital in the company of a staff member

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Siblings**

Name	Age	School

**Photo Release**

Here Wee Grow! children will be photographed throughout the school year during the various activities that take place. These pictures may be used in brochures, newspaper articles, handbooks, displays or on the website and Facebook pages (no names are given). Please initial in one of the places below.

Photos of my child may \_\_\_\_\_ or may not \_\_\_\_\_ be used in the above named publications and website.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing below you acknowledge that you have received a copy of the behavior management plan. These policies have been reviewed with the opportunity to discuss.

\_\_\_\_\_

Parent/Guardian's Signature

Date



## Behavioral Development Plan

The following information is for parents so they are aware of the behavior management techniques of Here Wee Grow! Preschool.

The process will be:

- Acknowledge a child's feelings
- Redirect to an activity
- Give suggestions for positive alternatives

If the above isn't effective we will:

- Contact the parent to get any input that they may provide to us about the behaviors observed.
- A conference may be needed to share what is observed

Additional input/assistance as to strategies to use may be needed. If this is the case we will

- Bring in outside sources  
Ex: Early childhood consultant  
Behavior consultant

As a last resort, if we feel that the behavioral issues are beyond what we can provide in our program and the situation jeopardizes the health and safety of the other children/staff in the program, the Director may remove a child from the program without advance warning or notice.



## Child Profile

Do you have any concerns about your child's health:
Does your child have a disability/behavior concern that has been diagnosed, such as, seizures, developmental delay, etc?
How does your child react to changes in routine? People? Places?
Have there been any important changes in your child's life during the past year? (Death in the family/divorce, new baby, etc)
Do you have any concerns about your child? Yes ____ No ____ If yes, please tell us about your concerns

Please list 3 things you would like your child to accomplish this school year

## Family Information:

Child's Name \_\_\_\_\_

Holidays celebrated are:

What customs or traditions are important to your family?

Your family's culture originates from what countries?

Are there specific talents that you or a member of your family would be interested in sharing with your child's class?

Home language information:

Is a language other than English spoken at home? (Circle one) Yes No

If yes....A. What language? \_\_\_\_\_

B. What is the primary language SPOKEN TO the child at home? \_\_\_\_\_

C. What language does the CHILD use at home? (Check below)

\_\_\_\_\_ Only English

\_\_\_\_\_ Mostly English and sometimes \_\_\_\_\_

\_\_\_\_\_ Mostly \_\_\_\_\_ and sometimes-English \_\_\_\_\_

\_\_\_\_\_ Only \_\_\_\_\_