

**PRESCHOOL REGISTRATION FORM**

ZCBC \* 1532 U.S. 68 \* Benton, KY 42025 \* (270)527-9696

Name of child \_\_\_\_\_  
Last First Middle  
Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Zip

**Parent/Guardian Information**

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Custody Restrictions Yes \_\_\_\_\_ No \_\_\_\_\_

If so, release ONLY to \_\_\_\_\_  
\_\_\_\_\_ is NOT allowed to pick up my child.

Mom's Name \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Cell phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Dad's Name \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Cell phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_  
Cell phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Name \_\_\_\_\_  
Cell phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Person(s) authorized to pick up my child without a note from me. (Besides parents, guardians, or emergency contacts).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MEDICAL FORM

Name of child \_\_\_\_\_  
Last First Middle

## Emergency Information

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Food Allergies \_\_\_\_\_

Any special health concerns \_\_\_\_\_

Do we have permission to share allergy information with the preschool parents?

Yes \_\_\_\_\_ No \_\_\_\_\_

This will alert parents when preparing snacks for school functions and birthday parties.

In case of emergency, if we are unable to contact any of the above, please sign permission to provide emergency medical help

Does your child have any speech problems? \_\_\_\_\_

Is your child currently working with a speech therapist? \_\_\_\_\_

Is your child left handed or right handed? \_\_\_\_\_

## GENERAL INFORMATION

What are your child's favorite activities or interests?

\_\_\_\_\_

Does your child have a pet? \_\_\_\_\_

What type and how many? \_\_\_\_\_

What is its name? \_\_\_\_\_

What method of behavior control is used in your home?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Copy of birth certificate

\_\_\_ Copy of current immunizations

\_\_\_ Registration Form

\_\_\_ Registration Fee

\_\_\_ First Month Tuition

\_\_\_ Supply Fee

\_\_\_ Medical Form

\_\_\_ Policy Form

Name of child \_\_\_\_\_  
Last First Middle

### Tuition Policy

It is understood that students are enrolled for the entire school year. A registration fee of \$60 is NON-REFUNDABLE and due at the time the students are registered. Tuition may be made in monthly installments, or paid in full. Tuition is due on the first of each month. There will be a \$10 late fee assessed if the tuition is paid later than the 10<sup>th</sup> of each month. Each student is responsible for a \$25 supply fee due in August.

The school reserves the right to terminate a child's enrollment if it is in the best interest of the child and the preschool. The tuition will be pro-rated accordingly.

I understand and agree to the tuition policy and other policies stated above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Late Policy

School is dismissed from 11:20-11:30. All children must be picked up by 11:30. There is an automatic late fee of \$10.00 charged for every five minutes you are late. NO EXCEPTIONS. This fee will be waived only if there is an unexpected emergency that hinders you from picking up your child. Please call as soon as you can if you are going to be late.

I have read and agree with the late policy:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Legal Release

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission form my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the ZCBC personnel to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but or not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency contact list.
4. If we cannot contact you or your child's physician we will do any or all of the following:
  - a.Call another physician or paramedics, b.Call an ambulance c.Have child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under 4 above that is not covered by insurance will be borne by the child's family.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or legal guardian