

DOE: _____

Child's Shirt Size: _____

Reg/Supply Fee Paid: \$ _____

Additional T-Shirts: \$ _____

Payment Method: Online Check

| | | | | |
|---------------------|-------------------|-------------|-------------|----------------|
| Class (Select One): | Older One's - MT | Two's - MT | Two's - MTW | Three's - MTW |
| | Older One's - ThF | Two's - ThF | Two's -WThF | Three's - WThF |

**2024-2025
REGISTRATION FORM**

Child's Name: _____
Last First Middle Nickname

Date of Birth: _____ Sex: _____ Race/Ethnicity: _____
(optional)

Home Address: _____
Street City Zip

Primary Phone Number: _____ Primary Language Spoken in the Home: _____

E-mail Address: _____

Name of Child's Physician: _____ Physician Phone Number: _____

Father's Information

Mother's Information

Name: _____

Name: _____

Workplace: _____

Workplace: _____

Work phone: _____

Work phone: _____

Cell Phone: _____

Cell Phone: _____

Child lives with (Select One): Both Parents Mother Father

Do both parents have permission to remove child from school (Select One)? YES or NO
If you answer no, please provide First Years Preschool with the legal documentation needed to comply.

LOCAL friend or relative to contact in case parents can't be reached (**Please list people who are allowed to remove your child from school in the event of illness, etc. if you cannot be reached.**):

1. _____
Name Address Phone

2. _____
Name Address Phone



Names and Ages of Brothers & Sisters: _____

Does your child have any medically diagnosed food allergies? YES or NO _____

Does your child have any medically diagnosed insect allergies? YES or NO _____

If you answered yes to either of the above allergies, please list the diagnosed allergy and reaction below:
(Medicine Allergies are to be listed on the Emergency Medical Release - not on this form)

Please answer the following questions regarding your child. If you answer yes to any of the questions below, please provide additional information in the space provided:

Has your child been diagnosed with a medical condition? YES or NO _____

Has your child been diagnosed with a developmental delay? YES or NO _____

Is your child currently receiving speech therapy? YES or NO _____

Is your child currently receiving physical therapy? YES or NO _____

Is your child currently receiving behavioral therapy? YES or NO _____

Is your child currently receiving occupational therapy? YES or NO _____

Does your child have an IEP or service plan? YES or NO (Please attach if yes) _____

If your child has been diagnosed with any other condition not listed above that requires special consideration at school, please list: _____

If you have answered yes to any of the questions above, the Program Director will contact you privately to discuss your child's needs/accommodations at school.

Permission to include your address/phone number in a school or class directory? YES or NO

What church are you an active member of? _____

What do you want your child to gain by coming to our program?

Please initial each of the following statements:

I understand that Registration and Supply Fees **non-refundable/non-transferable** and are due at the time of registration.

I understand that monthly tuition is a yearly total and is divided into 10 equal payments, collected the first day of each month August 2024-May 2025.

I understand that all children in the 3-year-old classes and older must be potty-trained. This means working towards self-sufficiency and no "pull-ups."

Signature: _____ Date: _____