



## Registration Form

Name of Child: \_\_\_\_\_

Circle:            Male                      Female                      Date of Birth: \_\_\_\_\_

House Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_                      Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address (if different from child's): \_\_\_\_\_

Mother Place of Work: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_      Mother's Work Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address (if different from child's): \_\_\_\_\_

Father Place of Work: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_      Father's Work Phone Number: \_\_\_\_\_

If parents do not live together, please describe custody agreement:

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

Name and age of any sibling(s)

\_\_\_\_\_

Name and Telephone Number of person responsible for this child during school hours (if different from parents):

\_\_\_\_\_

Emergency contact name and telephone number (In case parents cannot be reached):

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

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Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does the child have any health issues? (Allergies, disabilities, challenges):

\_\_\_\_\_

Is or will the child be receiving any type of special services such as speech, OP, PT, etc.? If yes, please describe, how often and with whom?

\_\_\_\_\_

Are the child's immunizations up-to-date? \_\_\_\_\_

Is the child completely toilet trained? \_\_\_\_\_

Has your child had any other nursery school, preschool or child care experience? If yes, where?

\_\_\_\_\_

Does your child appear to be left or right handed? \_\_\_\_\_

What school will your child attend for Kindergarten? \_\_\_\_\_

Please circle the class that you will be registering your child for:

<p><b><u>8:30- 11:15am Preschool Class</u></b> Registration Fee- \$50 annual fee</p> <p><b>3 year old class</b> (2 days per week) Tuesday &amp; Thursday- \$115/Month</p> <p><b>4 year old class</b> (3 days per week) Monday, Wednesday, Friday- \$165/Month</p> <p><b><u>12:00-2:45pm Pre-K Class</u></b> Registration Fee- \$50 annual fee</p> <p><b>Pre- K Class</b> (5 days per week) Monday through Friday- \$250/Month</p>	<p><b><u>Full Day Care with Preschool Curriculum</u></b></p> <p><b>3 year old Classroom:</b> Registration Fee- \$50 annual fee</p> <p>M    T    W    TH    F Days Enrolled _____</p> <p><b>4 year old Classroom:</b> Registration Fee- \$50 annual fee</p> <p>M    T    W    TH    F Days Enrolled _____</p>
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By signing this form and enclosing the appropriate registration deposit, I agree to pay my monthly tuition obligation by the first class day of each month for the 8:30-11:15 preschool class, or the first class day of each week for the full day care class. I understand I am responsible for my tuition payment even if my child is unable to attend class. Unless I officially withdraw my child from Room to Bloom prior to the beginning of the week/month. I also understand that if tuition is not paid within more than one week, I will be subject to a 15% late fee. I will pay all bank charges incurred if my checks do not clear along with an additional \$25.00 fee.

Signature of Parent/Guardian: \_\_\_\_\_

Deposit Received: \_\_\_\_\_ Date: \_\_\_\_\_

I give consent for my child to go on all school field trips. I will be notified in advance with the date, location and all other pertinent information of each trip.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I give consent for my child's photograph without his/her name to be used on school related bulletin boards, websites, etc.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_