



Registration Form

REGISTRATION INFORMATION

Name of Child: _____

Circle: Male Female Date of Birth: _____

House Address: _____

Mailing Address (if different from above): _____

Email Address: _____ Home Phone: _____

(1) Parent/Guardian: _____

Address (if different from child's): _____

Employer: _____

Cell Phone Number: _____ Work Phone Number: _____

(2) Parent/Guardian: _____

Address (if different from child's): _____

Employer: _____

Cell Phone Number: _____ Work Phone Number: _____

PARENT'S MARITAL STATUS: ___ Married ___ Separated ___ Divorced ___ Single ___ Widowed

If separated or divorced who has legal custody? _____

Is the child's time divided between parents because of divorce or separation? Yes No

If so, how is it divided? _____

Note: Court orders are needed if parent is denied access to child.

Name and age of any sibling(s)

MEDICAL INFORMATION

Additional forms must be completed for administration of medication

1. Physician's Name/Practice: _____ Phone Number: _____
2. Known Allergies: _____
3. Chronic or recurrent illness or disorders: _____
4. Name of medications and dosage child is presently taking: _____

5. Will medication need to be given during program hours? If yes, when: _____
6. What should be done if your child has a problem related to the medical condition during program hours?

7. Are the child's immunizations up-to-date? _____
8. 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? _____

CONSENT TO RELEASE INFORMATION

I give permission for my child to be released from the Stillwater Area Community Services Center's Room to Bloom Preschool Program to the following people. I further understand that the people listed below must show photo identification for a child to be released. It is required that parents notify staff in advance if someone other than themselves is picking up their child.

1. Name: _____ Relationship to Child: _____
Home #: _____ Work#: _____ Cell#: _____
Address: _____

2. Name: _____ Relationship to Child: _____
Home #: _____ Work#: _____ Cell#: _____
Address: _____

3. Name: _____ Relationship to Child: _____
Home #: _____ Work#: _____ Cell#: _____
Address: _____

4. Name: _____ Relationship to Child: _____
Home #: _____ Work#: _____ Cell#: _____
Address: _____

5. Name: _____ Relationship to Child: _____
Home #: _____ Work#: _____ Cell#: _____
Address: _____

ADDITIONAL INFORMATION

Is the child completely toilet trained? _____

Has your child had any other nursery school, preschool or child care experience? Yes No

If yes, where? _____

Does your child appear to be left or right-handed? _____

What school district will your child attend for Kindergarten? _____

Is there anything we should know about your child's play with other children, by themselves, any concerns?

What kind of activities does your child enjoy? Are there activities your child avoids?

What are some things that sooth your child if they are upset?

ENROLLMENT INFORMATION

Please indicate which of the following classroom you will be registering your child for

| <i>Half Day Preschool Classroom</i> | <i>Full Day Preschool Classroom</i> |
|--|---|
| <p>Annual Registration Fee- \$50.00</p> <p>Please Circle One:</p> <p>3-Year-Old Class Tuesday & Thursday- 8:30am-11:15am \$125/Month</p> <p>4-Year-Old Class Monday, Wednesday, Friday- 8:30am-11:15am \$175/Month</p> <p>Pre-K Class Monday-Friday- 12:00pm-2:45pm \$260/Month</p> | <p>Annual Registration Fee- \$50.00</p> <p>Please Circle Days Enrolled:</p> <p>Monday</p> <p>Tuesday</p> <p>Wednesday</p> <p>Thursday</p> <p>Friday</p> <p>Total Days Enrolled: _____ Tuition varies depending on classroom placed and # of days enrolled.</p> <p><i>For Office Use Only:</i></p> <p>Classroom Placement: _____</p> |

PAYMENT INFORMATION

- Cash/Check/Credit/Money order due the first school day of each month if you are reserving the month.
 - Make checks payable to the: Stillwater Area Community Center; Please indicate on check in Memo the dates in which you are paying for.
- SACC now offers an auto withdrawal option for tuition. If interested please ask Center Administrator or Office Administrator for more information on how to sign up.
- If making weekly or bi-weekly payments: payment must be made in advance by the Friday prior to each upcoming week.
- Any past due balance will be invoiced and a letter will be sent home by the last week of each month. If balance is not paid in full by the start of a new month, care will be suspended until further notice.
- If a check is returned for insufficient funds there will be an additional \$25.00 fee.
- If tuition is not paid within more than one week, you are subject to a 15% late fee.

Signature of Parent/Guardian: _____
 Signature of Parent/Guardian: _____

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: _____

For Director of Child Care Use Only:

Deposit Received: _____ Date Received: _____
 Cash (Reciept #: _____) Check (Check #: _____) Credit

- Blue Card
- Medical Statement
- Immunization Record
- COVID-19 Waiver
- Individual Health Care Plan (if applicable)
- Transportation, Fieldtrips Permission- Parent’s Agreement
- Sunscreen/Topical- Non-Medication Consent Form
- Napping Agreement (Full Day Only)

Additional Information/Notes:

