



PRESCHOOL ENROLLMENT FORM 2021-2022

Please Check Box for Preferred Days

A registration fee of \$30 is required to hold your child's place in preschool

4 and 5 year olds

HALF DAYS 8:15-11:30			DAYS/WEEK	COST/MONTH	FULL DAYS 8:15-2:45			DAYS/WEEK	COST/MONTH
<input type="checkbox"/>	Mon/Wed	2 days	\$ 140.00		<input type="checkbox"/>	Mon/Wed	2 days	\$ 285.00	
<input type="checkbox"/>	Tues/Thurs	2 days	\$ 140.00		<input type="checkbox"/>	Tues/Thurs	2 days	\$ 285.00	
<input type="checkbox"/>	Mon thru Wed	3 days	\$ 215.00		<input type="checkbox"/>	Mon thru Wed	3 days	\$ 425.00	
<input type="checkbox"/>	Mon thru Thurs	4 days	\$ 285.00		<input type="checkbox"/>	Mon thru Thurs	4 days	\$ 565.00	

3 year olds

HALF DAYS 8:15-11:30		DAYS/WEEK	COST/MONTH
<input type="checkbox"/>	Friday Morning	1 day	\$ 70.00

Child's Name _____ Date of Birth _____

Address _____

This child is under the custodial care of: (check one)

both parents mother father other (attach documentation)

Name of any siblings attending North Shore Community School _____

Four and five year olds are eligible for busing. Please check if you are interested in busing _____

Father's Name _____

Mother's Name _____

Home Phone # _____

Home Phone # _____

Work Phone # _____

Work Phone # _____

Cell/Pager # _____

Cell/Pager # _____

Address _____

Address _____

Email _____

Email _____

Names of people who will be picking up your child:

Emergency Contact: People who have my permission to pick up my child.

(List 2 people other than those listed above)

Name _____

Phone # _____

Name _____

Phone # _____

For Office Use Only: **Date Received** _____ **Registration Fee Received** _____

Child's Doctor _____ Phone # _____

Child's Dentist _____ Phone # _____

Siblings _____

PUBLIC RELATIONS PERMISSION FORM

Occasionally students and/or parents are photographed or recorded on audio or video tape while they are engaged in various educational activities. These pictures or tapes may be used in various ways: either to promote the program or in some educationally related manner. In that such photographs or recording is voluntary, we seek your permission to use your family or child in our project. No child will be recorded without parental approval. No photograph will be used as promotional material or in an educationally related project without parental approval.

You have my permission to photograph and/or electronically record my child _____ for educationally related purposes in the preschool program, and use such photos or recordings for educational distribution.

Parent/Guardian Signature _____ **Date** _____

Please list any allergies your child has:

Please list any medications your child is receiving:

Please list any health conditions the preschool staff should be aware of: (This will remain confidential)

Please tell us how you heard about our program

