



# PRESCHOOL ENROLLMENT FORM 2022-2023

**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**

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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 # \_\_\_\_\_

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Siblings \_\_\_\_\_

\_\_\_\_\_

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**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** \_\_\_\_\_

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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

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