

Little Red Schoolhouse Registration Form

Child's Full Name _____ Birth Date _____

Current Mailing Address _____

Current Physical Address _____

Phone Number(home) _____ Date of Enrollment _____

E-mail address _____

Mother's Name _____ Daytime Phone # _____

Place of Employment _____

Father's Name _____ Daytime Phone # _____

Place of Employment _____

How can we reach you during the time your child is at our center?

Is anyone else authorized to take your child from our center? _____

Who? _____

_____ (name, address, phone)

Who can assume responsibility for the child in the event of an emergency if you cannot be reached immediately? _____

_____ (name, address, phone)

Child's physician _____ Phone # _____

Child's dentist _____ Phone # _____

Any chronic medical problems? (if so, please explain) _____

Is your child on any medication? _____

What is your preferred schedule for your child's preschool experience?

*Please include a \$100 non-refundable registration fee with this form.

Checks can be made payable to Little Red Schoolhouse.

Thank you for your registration!

_____ Parent's Signature

Teeny Red Schoolhouse Registration Form

Child's Full Name _____ Birth Date _____

Current Mailing Address _____

Current Physical Address _____

Phone Number (home) _____ Date of Enrollment _____

E-mail address _____

Mother's Name _____ Daytime Phone # _____

Place of Employment _____

Father's Name _____ Daytime Phone # _____

Place of Employment _____

How can we reach you during the time your child is at our center?

Is anyone else authorized to take your child from our center? _____

Who? _____

_____ (name, address, phone)

Who can assume responsibility for the child in the event of an emergency if you cannot be reached immediately? _____

_____ (name, address, phone)

Child's physician _____ Phone # _____

Child's dentist _____ Phone # _____

Any chronic medical problems? (if so, please explain) _____

Is your child on any medication? _____

What is your preferred schedule for your child's preschool experience?

*Please include a \$100 non-refundable registration fee with this form.

Checks can be made payable to Little Red Schoolhouse.

Thank you for your registration!

_____ Parent's Signature

Medical Emergency Authorization Permission

I, _____, parent/guardian of _____

give consent to Teeny or Little Red Schoolhouse and its

employees to provide emergency medical attention for my child. I

agree to pay for all medical costs incurred, including ambulance

transportation and hospital or clinic treatment.

_____ Parent Signature _____ date

Confirmation of Handbook

I, _____, parent of _____

have read and understand the policies and procedures of Little Red Schoolhouse as stated in this Parent Handbook. I agree to abide by the requests made herein, and refer to this handbook for future questions or discrepancies.

Signed _____ Date _____

Allergy Information

Please list any allergies that your child may have to the following:

FOOD:

INSECTS:

MEDICATION:

OTHER:

Has your child ever eaten peanut butter? YES NO

Has your child ever been stung by a bee, hornet, or wasp? YES NO

If your child has an allergy, please speak with us about the severity of it and what procedures we should take in the event of exposure to the allergen.

Permission Form

I hereby give my permission for my child _____ to participate in the following activities at Teeny and Little Red.

_____ Field trips, involving on-foot or vehicle transportation, with the class. I understand that I will be notified prior to a scheduled trip and will be given information regarding transportation, destination, lunch or other food, and arrival and departure time.

_____ Pictures taken of my child for educational/documentation purposes, teacher training, and school use.

Sunscreen

At Teeny and Little Red Schoolhouse we will purchase and provide your child with Kids' Rocky Mountain Sunscreen spf 30. If you would like to provide a different kind of sunscreen we will be happy to apply this as well.

_____ I accept application of RM sunscreen to my child.

_____ I decline the use of RM sunscreen on my child. I will be sure to provide sunscreen for daily application.

Diaper Cream

(if applicable)

I authorize Teeny and Little Red Schoolhouse to use _____ diaper rash cream (which I will provide) as needed for diaper rash prevention. I understand that if a cream is needed for treatment of diaper rash, a doctor's permission form and prescription are needed.

Parent Signature and date

Parent Questionnaire

Child's Name:

Birthdate:

My child's interests lie in:

1)

2)

I feel my child's strengths are:

1)

2)

I feel my child needs improvement in the areas of:

1)

2)

My long term goals for my child this school year are:

1)

2)

My immediate goals for my child would be:

1)

2)

I am concerned about: _____

Any additional comments? _____
