

## 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 \_\_\_\_\_

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.

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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?** \_\_\_\_\_

\_\_\_\_\_