



**Cromwell Recreation Department
Before and After Preschool Program
2018-2019 SCHOOL YEAR
REGISTRATION FORM**

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____ GENDER _____

HOME PHONE _____ HOME ADDRESS _____

PARENT/GUARDIAN 1 _____ OCCUPATION _____

PLACE OF BUSINESS _____ BUSINESS ADDRESS _____

WORK PHONE _____ EXT _____ CELL PHONE _____

PARENT/GUARDIAN 2 _____ OCCUPATION _____

PLACE OF BUSINESS _____ BUSINESS ADDRESS _____

WORK PHONE _____ EXT _____ CELL PHONE _____

EMAIL ADDRESS (1) _____ EMAIL ADDRESS (2) _____

MARITAL STATUS: _____ SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED
WIDOWED

SIBLINGS (NAME/AGE) _____

PARENT'S ADDRESS (if different than above): _____

EMERGENCY / PICK UP NUMBERS: Adults that have permission to pick up your child and/or be called during an emergency to pick up your child. Positive I.D. must be shown. ***Each child must have at least two non-parental adults listed as emergency contacts.*** A parent can change this list at any time. Additions to the list must be made in advance. A child can not be released to any adult other than parent/guardian if the adult is not included on this list.

Name	Relationship to child	Phone Numbers
1. _____	_____ (Work/Cell) _____	(Home) _____
2. _____	_____ (Work/Cell) _____	(Home) _____
3. _____	_____ (Work/Cell) _____	(Home) _____
4. _____	_____ (Work/Cell) _____	(Home) _____

MONTHLY SESSIONS

Please check each session that you are registering for below:

MONTH	BOTH AM & PM	AM ONLY	PM ONLY
August/September	_____ \$616	_____ \$297	_____ \$385
October	_____ \$636	_____ \$317	_____ \$405
November	_____ \$592	_____ \$316.50	_____ \$392.50
December	_____ \$440	_____ \$222.50	_____ \$282.50
January	_____ \$608	_____ \$303.50	_____ \$387.50
February	_____ \$476	_____ \$229.50	_____ \$297.50
March	_____ \$608	_____ \$303.50	_____ \$387.50
April	_____ \$476	_____ \$229.50	_____ \$297.50
May	_____ \$636	_____ \$317	_____ \$405
June	_____ \$216	_____ \$114.50	_____ \$142.50

TRANSPORTATION:

I give permission for my child to be transported on scheduled field trips, and in the case of an emergency evacuation, by school bus. I understand I will be provided a separate permission slip in advance of all field trips away from the site.

Parent/Guardian Signature

Date

ADMINISTRATION OF MEDICATION:

All medication administered to children by staff must be accompanied by:

1. A completed Administration of Medication form signed by both the child's physician and parent/guardian.
2. Medication must be given to staff in the original labeled container.
3. A locked box to hold the medication in if the site does not have one available. Parents must personally deliver medications to the Site Director. The program can only administer medication if staff are trained and meet the licensing requirements. The program reserves the right to refuse responsibility for administering medication.

Does your child have any special medical or behavioral concerns that will need to be addressed during care?

_____ Yes _____ No

In an effort to help us better serve your child, please describe the above mentioned needs in the space below.

Will your child require any medications to be administered by staff during our program? _____ Yes _____ No
Please describe medications to be given to staff in space below.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I authorize staff to obtain emergency medical treatment, including transportation via ambulance to the closest emergency room for my child when in attendance at the Preschool Program. I also authorize any treatment deemed necessary by the attending physician. I understand that whenever possible, I will be notified prior to medical treatment of my child. I understand that if staff cannot reach me they will notify the designated emergency contact person and then if necessary, the family physician. I will be notified at the earliest possible time should prior notice prove impossible. I agree to assume all financial responsibility incurred for medical treatment.

Parent/Guardian Signature

Date

Physician _____

Dentist _____

Address _____

Address _____

Phone Number _____

Phone Number _____

Insurance Information _____

Parents are required to notify the staff when their child is ill with a communicable disease

In registering your child to participate in the Preschool Program you agree to and understand the following parent/guardian responsibilities:

1. To pay the monthly tuition bill by the first day of each month.
2. To provide a two-week written notice of withdrawal and/or change of attendance schedule or forfeit security deposit.
3. To notify program staff when your child will be absent from the program.
4. To allow your child to participate in occasional field trips or to make additional arrangements for care on those days.
5. To sign your child in each am and sign out each pm respecting the program hours of 7 am opening and 6 pm closing.
6. To pay for any medical expenses including transportation as a result of emergency medical care.
7. To inform the staff of situations in the child's life that may contribute to changes in behavior or special needs.
8. To meet with and address any concerns program staff may have with your child's behavior, safety, and participation.
9. To pay for damages your child may incur to School property, equipment, or another participants belongings if the damage is the result of inappropriate behavior.

Parent/Guardian Signature

Date