

(To be completed by Child's World Staff)

Admission Date: _____

Discharge Date: _____

**Child's World Preschool
Registration Form
2018 – 2019**

Please fill out and return this form to Child's World before your Child's first day of school. Indicate which session you are interested in enrolling your child. Place a 1 by your first choice and a 2 by your second choice for sessions.

4 and 5 Year Old Sessions

_____ Session 1 . Monday- Friday
8:30 - 11:30 a.m.
(Must be 4 by 9/1/18)

_____ Session 2 . Monday/Wednesday/Friday
8:30 . 11:30 a.m.
(Must be 4 by 9/1/18)

3 and 4 Year Olds Sessions

_____ Session 3 . Monday/Wednesday/Friday
8:30 . 11:30 a.m.
(Children may enroll as soon as they are 3)

_____ Session 4 . Tuesday/Thursday
8:30 . 11:30 a.m.
(Children may enroll as soon as they are 3)

(We reserve the right to cancel any session for which adequate registrations are not received by 1 August 2018)

Child's Name _____ Birthdate _____

Name You Wish Your Child to Be Called _____ Sex: _____ Male _____ Female

Parents'/Guardians' Information:

Mother _____ Occupation _____

Home Address _____
Street City/State Zip

Telephone Numbers _____
Home Cell

Email Address _____

Father _____ Occupation _____

Home Address _____
Street City/State Zip

Telephone Numbers _____
Home Cell

Email Address _____

Are the parents of this child separated or divorced? _____

If yes, with whom does the child reside with and at what address? _____

If yes, are there special instructions to the teachers regarding who should have access to the child? If so, please indicate. *(If at any time during the school year this information changes, please advise us immediately)*

*****Emergency Information*****

In the event of an emergency, please list in order which number should be called first.

_____ Home Phone Number _____ Cell Phone Number _____

_____ Mother's Employment Number _____ Cell Phone Number _____

Place of Employment _____ Hours _____

Address _____

_____ Father's Employment Number _____ Cell Phone Number _____

Place of Employment _____ Hours _____

Address _____

Additional Emergency Names (*Grandparents, daytime babysitter, etc. – someone who could come and pick up the child if necessary*)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's Physician _____ Phone _____

Address _____
Street City/State Zip

In the event of an emergency, if parents cannot be reached, may we call the above named physician?

In the event that hospital care is needed and the parents cannot be reached, which hospital would you wish us to use?

Please list anyone who will be picking up or delivering your child to preschool other than the parents or guardians previously named. If someone other than those listed on this form will be delivering or picking up your child, please notify the teacher in advance. If someone other than those listed arrives to pick up your child, your child will not be released to them. You will receive a telephone call to confirm your child's release to this person and a Release Form will be sent home with your child to be signed by you and returned with your child on his/her next school day.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Church Affiliation (If none, please write ~~None~~)

Mother _____

Father _____

*****Information About Your Child*****

Brothers: (List names and ages)

Sisters: (List names and ages)

Please list all those who comprise your household other than parents and siblings previously listed.

Is your child toilet trained? _____

Has your child ever been tested for a speech problem? _____

Is your child enrolled in speech therapy at this time? _____

Does your child relate to other people easily or readily? (Yes / No)

_____ Children _____ Adults

Does your child associate very often with children of his/her own age? _____

Does your child have any: (Please be as specific as possible and give any special instruction)

Physical Disabilities _____

Allergies _____

Nervous Habits _____

Special Fears (e.g. animals, storms, sirens, etc.) _____

Speech Problems _____

When it is necessary to exert authority or discipline your child, what do you do?

Mother _____

Father _____

Please list any other information that may be helpful to us

Mother's Signature _____

Date _____

Father's Signature _____

Date _____

AGREEMENT FORM FOR SESSION I

Monday thru Friday mornings for those who are 4 years old

(Please sign only the Agreement Form for your child's session)

I agree to pay Child's World (St. Paul U.C.C.) the sum of \$50.00 as a non-refundable Registration Fee to hold my child in the school. I also agree to pay the sum of \$50.00 as a one-time non-refundable Materials Fee due on the first preschool day of September. I further agree to pay Child's World (St. Paul U.C.C.) the sum of \$200.00 per month on the first preschool day of each month. If the monthly fee is not paid by the tenth of each month, a late fee of \$10.00 will be charged. Any new child enrolled after school begins shall pay the total month charge if they are enrolled before the 15th of the month. If they are enrolled after the 15th of the month, the charges will be one-half the regular fee for that month. I further understand that no credit will be given for any session remaining in any given calendar month if I withdraw my child from school before the end of that month.

Mother's signature _____ Date _____

Father's signature _____ Date _____

By signing this application, I agree that I have received a current Child's World Handbook and agree to the terms therein, especially noting the policies in the Health and Discipline sections.

Mother's signature _____ Date _____

Father's signature _____ Date _____

Please return these forms to:

Child's World Preschool
St. Paul United Church of Christ
200 North Main Street
Waterloo, IL 62298

*Should your child be accepted into another program or you wish to cancel your child's registration with Child's World, please let us know as soon as possible so another child can have your spot.

AGREEMENT FORM FOR SESSION II

Monday/ Wednesday/ Friday mornings for those who are 4 years old

(Please sign only the Agreement Form for your child's session)

I agree to pay Child's World (St. Paul U.C.C.) the sum of \$50.00 as a non-refundable Registration Fee to hold my child in the school. I also agree to pay the sum of \$50.00 as a one-time non-refundable Materials Fee due on the first preschool day of September. I further agree to pay Child's World (St. Paul U.C.C.) the sum of \$135.00 per month on the first preschool day of each month. If the monthly fee is not paid by the tenth of each month, a late fee of \$10.00 will be charged. Any new child enrolled after school begins shall pay the total month charge if they are enrolled before the 15th of the month. If they are enrolled after the 15th of the month, the charges will be one-half the regular fee for that month. I further understand that no credit will be given for any session remaining in any given calendar month if I withdraw my child from school before the end of that month.

Mother's signature _____ Date _____

Father's signature _____ Date _____

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Mother's signature _____ Date _____

Father's signature _____ Date _____

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AGREEMENT FORM FOR SESSION III

Monday / Wednesday/ Friday mornings for those who are 3 years old

(Please sign only the Agreement Form for your child's session)

I agree to pay Child's World (St. Paul U.C.C.) the sum of \$50.00 as a non-refundable Registration Fee to hold my child in the school. I also agree to pay the sum of \$50.00 as a one-time non-refundable Materials Fee due on the first preschool day of September. I further agree to pay Child's World (St. Paul U.C.C.) the sum of \$135.00 per month on the first preschool day of each month. If the monthly fee is not paid by the tenth of each month, a late fee of \$10.00 will be charged. Any new child enrolled after school begins shall pay the total month charge if they are enrolled before the 15th of the month. If they are enrolled after the 15th of the month, the charges will be one-half the regular fee for that month. I further understand that no credit will be given for any session remaining in any given calendar month if I withdraw my child from school before the end of that month.

Mother's signature _____ Date _____

Father's signature _____ Date _____

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Mother's signature _____ Date _____

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AGREEMENT FORM FOR SESSION IV

Tuesday & Thursday mornings for those who are 3 years old

(Please sign only the Agreement Form for your child's session)

I agree to pay Child's World (St. Paul U.C.C.) the sum of \$50.00 as a non-refundable Registration Fee to hold my child in the school. I also agree to pay the sum of \$50.00 as a one-time non-refundable Materials Fee due on the first preschool day of September. I further agree to pay Child's World (St. Paul U.C.C.) the sum of \$100.00 per month on the first preschool day of each month. If the monthly fee is not paid by the tenth of each month, a late fee of \$10.00 will be charged. Any new child enrolled after school begins shall pay the total month charge if they are enrolled before the 15th of the month. If they are enrolled after the 15th of the month, the charges will be one-half the regular fee for that month. I further understand that no credit will be given for any session remaining in any given calendar month if I withdraw my child from school before the end of that month.

Mother's signature _____ Date _____

Father's signature _____ Date _____

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Mother's signature _____ Date _____

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