

Date Received _____

Reg. Fee Paid _____

Aug. Letter _____

PRESBYTERIAN PRESCHOOL APPLICATION FORM

Please return this form along with the \$45 non-refundable registration to:

Presbyterian Preschool, 2103 West Anna Street, Grand Island, NE 68803.

(Please Print)

Child's first name (Name you wish your child to be called and to print) Child's last name

Age Sex Birth Date Year Entering Kindergarten

Address City Zip

Home Phone Number Cell Phone Numbers

Email Address May we contact you by text? Yes No
(Circle the cell number we should text.)

Please indicate your 1st & 2nd class choices. We will try to honor your preference.

You will be notified if a class has closed or if changes are necessary.

3 Year Olds

4 & 5 Year Olds

(Pre-Kindergarten)

(must be 3 by July 31st)

(must be 4 by July 31st)

(Preference to children 5 by July 31st)

Tuesday & Thursday a.m. _____ Tues./Wed./Thursday a.m. _____

Mon-Friday AM _____

Tuesday-Thursday a.m. _____ \$120

Mon-Friday afternoons _____

\$85/\$115

\$170

Are you interested in either Early Care (7:30) _____

Church Affiliation _____ Active? _____

Marital Status of Parents _____

BROTHERS		SISTERS		OTHERS LIVING IN HOME	
Name	Age	Name	Age	Name	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have any siblings attended our Preschool? _____ Names & Dates _____

How did you learn about Presbyterian Preschool?

____ Newspaper _____ Open House _____ Church Member Facebook _____

____ Friend _____ Sibling or Relative _____ WEB Page Other _____

CONTACTS (Please Print)

Child's Name _____ Birthday _____ Today's Date _____

Mother/Guardian -Name and relationship to child _____

Address _____

Telephone Numbers: Home _____ Cell Number _____

Employer _____ Phone Number _____

Father/Guardian -Name and relationship to child _____

Address _____

Telephone Numbers: Home _____ Cell Number _____

Employer _____ Phone Number _____

Person(s) to whom the child may be released by the staff: (Please provide at least one name)

#1 Name and relationship to child _____

Telephone Numbers: Home _____ Cell _____ Work _____

Address _____ City _____

#2 Name and relationship to child _____

Telephone Numbers: Home _____ Cell _____ Work _____

Address _____ City _____

#3 Name and relationship to child _____

Telephone Numbers: Home _____ Cell _____ Work _____

Address _____ City _____

EMERGENCY CONTACTS Persons who will be responsible for the child in an emergency if the parent is unavailable: (Please provide at least one name.)

#1 Name and relationship to child _____

Telephone Numbers: Home _____ Cell _____ Work _____

Address _____ City _____

#2 Name and relationship to child _____

Telephone Numbers: Home _____ Cell _____ Work _____

Address _____ City _____

EMERGENCY TREATMENT CONSENT

As parent/guardian, I give consent for Presbyterian Preschool to provide any of the following to my child in an emergency situation.

- First Aid
- CPR
- Syrup of Ipecac (as determined by the Poison Control Center)
- Emergency transportation for treatment (911 & ambulance)

I understand I will be responsible for all charges not covered by insurance, including emergency transportation charges by ambulance. I give my consent for the emergency contact person listed above to act on by behalf until I am available.

Date: _____ Mother's/Guardian's Signature _____

Date _____ Father's/Guardian's Signature _____

The registration process is complete when the \$45 fee is registration/supply fee is paid and all required information (immunizations) on the registration form is turned in.

HELP US TO KNOW YOUR CHILD

Bladder and bowel control: OK? _____ Terms used? _____

Does your child play with other children? _____

What is the age and sex of child's most frequent companions? _____

Does your child have an imaginary playmate? _____

Does your child hear stories? _____ By whom and how often? _____

What type of play or special interests would you describe as being your child's favorite? _____

Is your child easy or hard to manage? _____

What methods of discipline have you found to be most effective? _____

Has your child any fears or problems of which we should be aware? _____

What would you like your child to gain from the preschool experience? _____

Does your child have any allergies we should be aware of? _____

Transportation Information

_____ I would be willing to transport a preschooler who does not have a ride to or from Preschool.

_____ I am interested in forming a carpool. (Carpools must be arranged by the parents).

_____ I have already made carpool plans with _____
(Name & Phone Number)

Off Preschool Premises:

I give permission for my child to leave the Preschool grounds with his/her class and teachers to walk to a nearby park or home.

Signature of Parent/Guardian for off preschool premises

Vision Screening

An optometrist screens for vision problems each year. Please sign if we have your permission to have the doctor check your child's vision.

Signature of Parent /Guardian for vision screening

Media Release

I give my permission for my child's name, picture, and/or child created product to appear in the newspaper, TV, Facebook, or on the preschool Web page.

Signature of Parent/Guardian for media release

_____ I would be willing to help in a classroom (other than my child's classroom) weekly or biweekly.

_____ I cannot help but know of someone who would like to volunteer. (please write name below)