

Metamora Community Preschool

Registration Form

Please print clearly w/blue or black ink.

Child's Full Name_____ Birth Date_____
Address_____ Home Phone_____
City_____ State_____ Zip Code_____
Nickname_____
Parent/Legal Guardian_____

Mother's Full Name_____ Cell Phone_____
Address and Phone Number (if different than child's)_____

Occupation_____ Work Phone_____
Employer_____ Work Hours_____
Business Address_____

Father's Full Name_____ Cell Phone_____
Address and Phone Number (if different than child's)_____

Occupation_____ Work Phone_____
Employer_____ Work Hours_____
Business Address_____

Other Household Members

Name_____	Age_____	Relationship_____
Name_____	Age_____	Relationship_____
Name_____	Age_____	Relationship_____
Name_____	Age_____	Relationship_____
Name_____	Age_____	Relationship_____

Name_____Age_____Relationship_____

Emergency Information

Child's Physician_____Phone_____

Preferred Hospital_____Regular Medications_____

Prescription Allergies_____

Food Allergies_____

Additional Allergies_____

Speech/hearing Difficulties_____

Special Health Conditions/Concerns_____

Consent to Emergency First Aid

I (we) hereby give permission that my child, _____, may be give emergency treatment by a staff member at Metamora Community Preschool. I (we) also give permission for my child to be transported by ambulance to an emergency center for treatment and agree to hold Metamora Community Preschool and its staff, Board of Directors and the Metamora Christian Union Church harmless.

Parent Signature_____Date_____

Parent Signature_____Date_____

Liability Release

I (we) the parents of _____hereby give my (our) approval to his/her participation in the Metamora Community Preschool.

I (we) assume all risks and hazards incidental to such participation and release, absolve and indemnify and agree to hold harmless the Metamora Community Preschool, its staff, Board of Directors and the Metamora Christian Union Church.

Parent Signature_____Date_____

Parent Signature_____Date_____

Emergency Contacts

(within a 20 mile radius of preschool other than parent or guardian)

Primary Emergency Contact_____

Relationship to Child_____

Home Phone_____Work_____Cell_____

During your child's hours at preschool will the person be at (circle one)

AT HOME or AT WORK?

Secondary Emergency Contact_____

Relationship to Child_____

Home Phone_____Work_____Cell_____

During your child's hours at preschool will the person be at (circle one)

AT HOME or AT WORK?

Adults authorized to pick my child up (besides parents, guardians and emergency contacts)

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

Name_____Phone_____

Dismissal Policy

Dismissal at MCP is at 11 a.m. for the morning classes and 2:45 for the afternoon class. The following is set forth by MCP and Illinois Department of Children and Family Services-

*Five minutes late-staff will begin to call parents as soon as possible after all other students are dismissed.

*If parents cannot be reached, emergency contacts and 'permission to pick up' contacts will be called.

**If staff is unable to contact anyone on the emergency or 'permission to pick up' to pick up the student, MCP is obligated by the standards set by Illinois DCFS licensing & standards to contact DCFS or the police

*Staff will be responsible until a parent, emergency, 'permission to pickup' person or the authorities arrive. Staff will not discuss circumstances of late pick up with the student unless directed by the parent.

Late Fees

*Late pick up from 11:06-11:15 and 2:51-3:00 will result in a **five dollar** late fee.

*After 11:15 and 3:00, each additional five minutes late will add **on additional five dollars** to the original late fee.

*Late fees will be recorded by the director. Late fees may be paid that day or over the next two class periods. If not paid by the second class period, the student will not be allowed to return to MCP until the late fee is paid.

Please sign -

I/We, _____ the parents of _____ have read and understand the dismissal policy and late fees of Metamora Community Preschool.

Signature _____ Date _____

Signature _____ Date _____

Discipline Policy

We, _____, the parents of _____, have received the Metamora Community Preschool handbook at www.metamoracommunityprek.org, which states the **TUITION, PUBLICITY AND DISCIPLINE** policy of Metamora Community Preschool. We opt out of receiving a paper copy and understand at any time we may receive a paper copy of the handbook if we choose.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

PUBLICITY

If you opt out, MCP will not take any photos of your child in the classroom.

• **PHOTOGRAPHS:** Students will be photographed at Metamora Community Preschool. Photographs may be used in the newspaper, made available for parents on Shutterfly or classroom websites.

I agree to allow my child to have his/her picture taken and placed on a Shutterfly account for MCP parent distribution.

_____ **Yes** _____ **No**

Child's Name/Class _____

Parent Signature _____

Shutterfly email _____

