

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 _____

Email _____

Father's Full Name _____ Cell Phone _____

Address and Phone Number (if different than child's) _____

Occupation _____ Work Phone _____

Employer _____ Work Hours _____

Business Address _____

Email _____

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 11:15 a.m. 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 11:21-11:30 will result in a **five dollar** late fee.

*After 11:30, each additional five minutes late will add **on an 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 _____

Email _____

This is the email we will use to send you an invite to join the MCP Shutterfly site.