

## Kids' Central Preschool 2017-18 REGISTRATION FORM

Student's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_  
month/date/year

Physical Address \_\_\_\_\_  
street address city, zip code

Mailing Address \_\_\_\_\_  
mailing address city, zip code

Primary Guardian #1 \_\_\_\_\_  
(our primary contact)

Email \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Business \_\_\_\_\_ Occupation \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_  Texts ok?

Guardian #2 \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_  
street address city, zip code

Email \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Business \_\_\_\_\_ Occupation \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_  Texts ok?

*I am registering for:*

<p><b>2 Days/Week</b> 9:30am-12:30pm \$105/month ____ Mon. ____ Tues. ____ Weds. ____ Thurs.</p>	<p><b>3 Days/Week</b> 9:30am-12:30pm \$150/month ____ Mon. ____ Tues. ____ Weds. ____ Thurs.</p>	<p><b>4 Days/Week</b> 9:30am-12:30pm \$205/month ____ Mon. ____ Tues. ____ Weds. ____ Thurs.</p>
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*Please note: Children must be at least 3-years-old and must be toilet trained.*

Brothers \_\_\_\_\_

Sisters \_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

Which elementary school will your child most likely attend? \_\_\_\_\_

What year will your child most likely attend Kindergarten? \_\_\_\_\_

What language is primarily spoken at home? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

What are you most wanting your child to gain from their preschool experience? \_\_\_\_\_

### **Social Information**

Has your child previously attended preschool? If so, where? \_\_\_\_\_

Preferred discipline method at home? \_\_\_\_\_

What are some of your child's favorite toys, games, interests and activities? \_\_\_\_\_

What is your child's favorite color? \_\_\_\_\_

Does it bother your child to have their hands dirty, or full of paint? \_\_\_\_\_

Do you anticipate any separation anxiety at first? \_\_\_\_\_

Does your child have any fears that we should know about? \_\_\_\_\_

Do loud noises bother your child? \_\_\_\_\_

### **Preschool Readiness**

Is your child ready to:

Use the bathroom independently? **Y N**

Socialize and communicate with peers verbally rather than physically? **Y N**

Sit and listen to a story for 5-7 minutes? **Y N**

Be away from you for a few hours? **Y N**

Work on a project, somewhat independently for 3-5 minutes? **Y N**

Follow along and participate in group activities? **Y N**

*If you answered "N" to any of the above, please set up a time to meet with the Lead Teacher before your child begins our program.*

**Spiritual Information**

Do you or your child attend Church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does your church have an affiliation? (e.g. Lutheran, Baptist) \_\_\_\_\_

Does your child go to Sunday School? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Are there any Holidays you do NOT celebrate? \_\_\_\_\_ If yes, which one/s? \_\_\_\_\_

\_\_\_\_\_

Are there any holidays that you celebrate, and perhaps we do not? \_\_\_\_\_

\_\_\_\_\_

If the above answer was “yes” would you be willing to share your holiday with our class? \_\_\_\_\_

\_\_\_\_\_

**Please use this space to write any additional information about your child that you would like to share with us.**

**Financial Information**

Are there any circumstances not permitting you to pay your tuition on the first of each month?

\_\_\_\_\_

Who will be responsible for the tuition? \_\_\_\_\_

If payment is overdue by 2 months I understand my child will have to stay home until tuition is paid. **I understand that the \$50.00 registration fee is non-refundable.**

\_\_\_\_\_

Signature of guardian

Date

Please make all checks payable to: **Kids’ Central Preschool**