



Registration Form

Child's Name: _____

Child's Class:

- Terrific 3's
- Fantastic 4's

Date of Birth: _____

Gender:

- Male
- Female

Child's Mother

Name: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

Employer: _____

Occupation _____

Would you like your information to be included on the class list that is distributed to the families in your child's class? This list includes name, address, phone and email.

- Yes, please include me on the class list
- No, please do not include me on the class list



Registration Form (cont'd)

Child's Father

Name: _____

Check if address is same as child's mother

Street Address: _____

City/State/Zip: _____

Email Address: _____

Work Phone: _____ Cell Phone: _____

Employer: _____

Occupation: _____

Would you like your information to be included on the class list that is distributed to the families in your child's class? This list includes name, address, phone and email.

- Yes, please include me on the class list
- No, please do not include me on the class list

Does the child live with both parents?

- Yes
- No

Marital Status:

- Married Single Separated/Divorced

I hereby understand and agree to follow all rules, regulations and requirements as stated in the General Rules, Working Parent Duties and NY State Immunization Requirements found on the Jack & Jill Community Preschool website (paper copies available upon request).

Parent Signature: _____ Date: _____



Teacher Information

Child's Name: _____

Child's Class:

Terrific 3's

Fantastic 4's

Nickname: _____

Date of Birth: _____

Emergency Contact Information:

Mother

Phone Number(s)

Father

Phone Numbers (s)

*If the parent(s) are unable to be reached, call:

Name and Relationship to Child

Phone Numbers(s)

Child's Doctor: _____ Phone: _____

Please obtain a medical release form from your child's pediatrician prior to the start of the school year. This form will be collected at the August parent meeting.

Allergies and/or any pertinent medical information:

Jack & Jill

Community Preschool

Are there any specific problems the teacher should be aware of?

Approximately how many hours of sleep does your child get per night? _____

Is the child with a babysitter during the day?

Yes

No

If yes, what days? _____

Babysitter's Name: _____ Phone: _____

Other children in the family:

Name	Age of Child
_____	_____
_____	_____
_____	_____
_____	_____

Other people living in the home:

Does your child have any group experience (where)?

Since you, as parents, will be helping in the classroom, do you have any interests or hobbies that you would be willing to share with the children?



Child Pick Up Release

Child's Name: _____

Child's Class:

- Terrific 3's
- Fantastic 4's

The following people have my permission to pick up my child from Jack & Jill Community Preschool:

Name	Relationship to my Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following people **MAY NOT** pick up my child from Jack & Jill Community Preschool:

Name	Relationship to my Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent Signature: _____ Date: _____



Publicity Release

Child's Name: _____

Child's Class:

- Terrific 3's
- Fantastic 4's

Jack & Jill Community Preschool seeks permission for photographs of your child to be used in publicity for Jack & Jill Community Preschool.

Select each publicity matter below that you **APPROVE** your child's photograph to be used or indicate photographs cannot be under any circumstance.

- I give consent for use in newsprint (Examples: The Dispatch, Pennysaver)
- I give consent for use on the web (Examples: IsladeGrande.com, Google My Business)
- I give consent for use on the Jack & Jill Community Preschool Facebook – Public Page
- I give consent for use on the Jack & Jill Community Preschool Facebook – Private Group
private group is only visible by parents of your child's class, teachers and board members
- I give consent for child's name to be listed in the event of a published photograph

OR

- I DO NOT give consent for use of my child's photograph in any publicity for Jack & Jill Preschool

Parent Signature: _____ Date: _____