

# PEARCE 4 KIDS CHILD CARE CENTER

## Nursery School & Pre-K Registration

2018 - 2019

Please complete all 4 pages of this registration form

Submit this form with the \$40 Registration fee

### CHILD'S INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip

Home Phone: \_\_\_\_\_ School District: \_\_\_\_\_

### MOTHER'S INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(The email address provided above will be included in our group email contacts and electronic newsletter contact list unless you note it not be included)

### FATHER'S INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(The email address provided above will be included in our group email contacts and electronic newsletter contact list unless you note it not be included)

How did you hear about Pearce 4 Kids:  Suburban News  Gates-Chili Post  Sign Board  CCCSD Concert Program  Referral  
 Other \_\_\_\_\_

Referring Family: \_\_\_\_\_

### FOR OFFICE USE ONLY

Confirmed Class: **M/W/F Morning** **M/W/F Afternoon** **T/Th Morning** **T/Th Afternoon** **Pre-Kindergarten**

Registration Fee Paid: \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Date: \_\_\_\_\_

**CLASS CHOICE**

Please indicate with an X beside the class you would like your child to attend. If you have a first and second choice, please indicate by marking 1<sup>st</sup>, 2<sup>nd</sup> on the line beside your choices.

**Nursery School Morning Classes:**

- \_\_\_\_\_ Monday/Wednesday/Friday                      9:00 – 11:30am                      4 Year Olds Only
- \_\_\_\_\_ Tuesday/Thursday                                      9:00 – 11:30am                      3 Year Olds Only

**Nursery School Afternoon Classes:**

- \_\_\_\_\_ Monday/Wednesday/Friday                      12:30 – 3:00pm                      4 Year Olds Only
- \_\_\_\_\_ Tuesday/Thursday                                      12:30 – 3:00pm                      3 & 4 Year Olds

**Pre-Kindergarten Classes:**

- \_\_\_\_\_ Monday – Thursday                                      9:00 – 11:30am                      4 & 5 Year Olds  
 (Four year olds must have completed one year of Nursery School)

**FINANCIAL AGREEMENT**

I agree to pay the full tuition amount on or before August 15 or pay a partial payment as outlined below.

Due Date	2 Day/Week Classes	3 Day/Week Classes	Pre-K Classes
By August 15	\$289	\$373	\$416
By October 15	\$289	\$373	\$416
By December 15	\$289	\$373	\$416
By February 15			\$416

I understand that the \$40.00 registration fee is not part of the total tuition amount and is non-refundable. As stated in the Nursery School/Pre-K Handbook, a \$20.00 late fee will be charged for any tuition payments more than 10 days past due. Withdrawals from the program will be reimbursed as stated in the handbook.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

Parents electing to use the payment schedule will receive an invoice approximately one month prior to the due date as a reminder.

**RELEASE INFORMATION**

My child may be released to the following people (please do not list parents)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

ADD/ADHD:     Yes         No        Other behavioral issues \_\_\_\_\_

Special food/activity instructions \_\_\_\_\_

**EMERGENCY INFORMATION**

In the event that we cannot reach either mother/father (or guardian), please list the persons we may call:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## RELEASE PERMISSION

I, the undersigned, hereby enroll my child in the Pearce 4 Kids Child Care Center beginning in the fall of 2018. It is understood that Pearce 4 Kids assumes the responsibility for my child's well-being during the hours of care and will make every effort to contact the parent should any type of emergency arise. I agree that in case of accident or injury, emergency medical care may be given in the event that I (or designated persons) cannot be reached. I also give consent for my child to take part in field trips or excursions away from the facility under the supervision of the P4K staff. Because P4K staff have obligations outside of their time commitment to my child during the program time, I understand that late pick up fees will be charged at a rate of \$10.00 per child, in 10 minute increments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PHOTOGRAPH PERMISSION

Please check all that apply:

I give my permission for my child's picture to be taken and used in the classroom and on bulletin boards in the hallway at Pearce 4 Kids.

I give my permission for my child's picture to be taken and used in publicity about Pearce 4 Kids (no full names will be used without written consent by a parent).

I give my permission for my child's picture to be taken and used on the official Pearce 4 Kids Facebook public fan page (no names will be published on internet sites without written consent by a parent).

I give my permission for my child's picture to be taken and used on P4K blogs and/or P4K electronic newsletters (these will be accessible to P4K families only and no names will be published without written consent by a parent).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Pearce 4 Kids Child Care Center  
4322 Buffalo Road  
North Chili, NY 14514  
585-594-1833  
[www.pearce4kids.org](http://www.pearce4kids.org)