PLEASANT VALLEY PRESCHOOL 3 YEAR OLD CLASS REGISTRATION FORM
Monday & Wednesday 9:00-11:30

Child's Name	Nickname	Age	Birthdate	Sex
Address		Home Phone		
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations needed				
Previous Child Day Care Programs and Schools Attended				
Baby-sitter's Name and Address		Baby-sitter's Phone Number		

PARENTS/GUARDIAN INFORMATION

Father	Employer & Occupation	Cell Phone Number
Home Address		Email
Mother	Employer & Occupation	Cell Phone Number
Home Address		Email
Are parents separated or divorced?	Is your child adopted? Does he/she know?	
Names of siblings and ages		

_____   _____   _____   _____

_____   _____   _____   _____

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc. and action to take in an emergency	
Child's physician	Phone Number
Names & address of two emergency contacts 1.	Phone Number
2.	

Person(s) authorized to pick up your child:
Person(s) **NOT** authorized to pick up your child:

Dear Parents,

Without the generosity of the Pleasant Valley Church of the Brethren, the Pleasant Valley Preschool could not be in operation. In order to protect the church we need to ask you to sign the following agreements. We don't anticipate ever having an accident of any kind but there are never any guarantees. Our teachers are well qualified and are always cautious. We know that your children will really benefit from this preschool experience and we would never want anything to happen to jeopardize our being able to provide this service. Thank you for your loyal support.

Pleasant Valley Church of the Brethren
Education Committee

AGREEMENTS

1. The Pleasant Valley Preschool agrees to notify parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.

2. The parent/guardian authorizes the Pleasant Valley Preschool to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. This is not required by state regulation if the parent states an objection of the provision of such care on religious or other grounds.

   Name of Health Insurance Co. _____
   Policy Number _____

3. The parent/guardian agrees that they will not hold the teachers of Pleasant Valley Preschool nor the Pleasant Valley Church of the Brethren responsible in case of injury or accident incurred to the child while at preschool or while participating in preschool activities. The Pleasant Valley Preschool operates as a service to the community, and is nonprofit and nondiscriminatory.

4. The parent/guardian gives authorization for the child to participate in the preschool's transportation and field trips.
   _____ YES   _____ NO

SIGNATURES

_____   _____
          Parent or Guardian   Date

_____   _____
          Administrator of Preschool   Date

Office Use Only Identity Verification			
Date child entered preschool _____ Date left preschool _____			
Place of birth	Birthdate	Birth Certificate Number	Other form of proof