



Here Wee Grow! Preschool Registration 2017-2018

"Nurturing Tomorrow's Leaders"



Child's Name (Please print)	Age Male _ Female __
Birth date	Name your child goes by
Address	Home Phone
Mother's Name (Please print)	Address
Place of Employment	Cell Phone
Address of Employment	Work Phone
	E-Mail:
Father's Name (Please Print)	Address
Place of Employment	Cell Phone
Address of Employment	Work Phone
	E-Mail:

The legal guardian(s) of (Child's name) _____ are
_____ and _____
Please print names

Signature of a guardian _____ Date _____

Dismissal Authorization (Other than parents)

The following people are authorized to remove _____ from school.
(Child's name)

Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()

Classes for Here Wee Grow! Preschool

2017-2018 School Year

Three-Year-Old Classes

These classes are for children who are three years old by December 31st, 2017

Mark (X) the appropriate box

3- Year Old	Monday/Wednesday/Friday 8:45 a.m. – 11:45 a.m. Cost is \$220 per month	Tuesday/Thursday/Friday 8:45 a.m. – 11:45 a.m. Cost is \$220 per month	
3-Year Old Full Days	Monday/Wednesday/Friday 8:45 a.m. – 3:30 p.m. Cost is \$440 per month	Tuesday/Thursday/Friday 8:45 a.m. – 3:30 p.m. Cost is \$440 per month	

3- Year Old	Monday through Friday Mornings	8:45 a.m. – 11:45 a.m. Cost is \$340 per month	
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3- Year Old	Monday through Friday Full Days	8:45 a.m.-3:30 p.m. Cost is \$680 per month	
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Four-Year-Old Classes:

These classes are for children who will be 4 years old by Dec. 31, 2017

Mark (X) the appropriate box

4- Year Old (3-day options)	Tuesday/Wednesday/Thursday 8:45 a.m. – 11:45 a.m. Cost is \$220 per month	Tuesday/Wednesday/Thursday 12:30 p.m. – 3:30 p.m. Cost is \$220 per month	
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4 Year Old	Tuesday/Wednesday/Thursday Full Days	8:45 am – 3:30 p.m. Cost \$440 per month	
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4- Year Old (5-day options)	Monday through Friday 8:45 a.m. – 11:45 a.m. Cost is \$340 per month	Monday through Friday 12:30 p.m. – 3:30 p.m. Cost is \$340 per month	
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4 Year Old	Monday through Friday Full Days	8:45 a.m. – 3:30 p.m. Cost is \$680 per month	
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Registration fee must accompany the application to secure placement
September tuition must be paid when the application is sent in or by
July 1, 2017 in order to maintain placement in our program

Office Use:

Registration Fee	Check # and Amt	Cash Amt.
September Tuition	Check # and Amt	Cash Amt

Emergency Contacts

Parents will be the first contacted. Please list in order, which friend/relative that should be contacted if we are unable to make contact with a parent

Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()

Out of State Emergency Contact

Name	Relationship:	Phone:
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General Information

(Please share any information that will help us know your child better)

Previous preschool experience Yes ____ No ____ Where?
Fears your child may have (such as dogs, sirens, etc.)
Any recent experiences, such as moving, hospital stay or loss of family member, that we should be aware of?
Additional comments or concerns:

How did you hear about Here Wee Grow! Preschool?
Family member ____ Friend ____ Web-site ____ Sign on the building ____
Other _____

Permission to Treat (Medical/Surgical Emergencies)

In the event parents cannot be reached and a medical/surgical emergency is necessary while my child is attending Here Wee Grow! Preschool, I grant permission for him/her to receive the necessary treatment as listed below. I understand that an ambulance or other such vehicle as necessary may transport my child.

Child's Name:	Telephone:
Child's allergies to medication Major illness/disease	
Health Insurance Policy Number: Name of Policy Holder:	
Child's Physician:	Telephone:
Hospital Choice	
Dentist:	Telephone:
Parent's Signature:	Date:
Print Parent's Name	

Permission to Treat

1. I grant permission for my child to participate in all activities of the school including the use of all play equipment inside and out.
2. Permission is given for the Director (or acting director) to take necessary steps to obtain emergency treatment if needed. Those steps would include:
 - An attempt to contact a parent
 - An attempt to contact child's physician
 - An attempt to contact a parent through other information on school forms
 - An attempt to contact another physician
 - Calling for Emergency Medical Treatment
 - Transportation of the child to a hospital in the company of a staff member

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Siblings

Name	Age	School

Photo Release

Here Wee Grow! children will be photographed throughout the school year during the various activities that take place. These pictures may be used in brochures, handbooks, displays or on the website (no names are given) Please initial in one of the places below.

Photos of my child may _____ or may not _____ be used in the above named publications and website.

Child's Name _____

Parent's Name _____

Parent's Signature _____

Date _____

By signing below you acknowledge that you have received a copy of the behavior management plan. These policies have been reviewed with the opportunity to discuss.

Parent/Guardian's Signature

Date



Behavioral Development Plan

The following information is for parents so they are aware of the behavior management techniques of Here Wee Grow! Preschool.

The process will be:

- Acknowledge a child's feelings
- Redirect to an activity
- Give suggestions for positive alternatives

If the above isn't effective we will:

- Contact the parent to get any input that they may provide to us about the behaviors observed.
- A conference may be needed to share what is observed

Additional input/assistance as to strategies to use may be needed. If this is the case we will

- Bring in outside sources
Ex: Early childhood consultant
Behavior consultant

As a last resort, if we feel that the behavioral issues are beyond what we can provide in our program and the situation jeopardizes the health and safety of the other children/staff in the program, the Director may remove a child from the program without advance warning or notice.

Child Profile

Do you have any concerns about your child's health:
Does your child have a disability/behavior concern that has been diagnosed, such as, seizures, developmental delay, etc?
How does your child react to changes in routine? People? Places?
Have there been any important changes in your child's life during the past year? (Death in the family/divorce, new baby, etc)
Do you have any concerns about your child? Yes ____ No ____ If yes, please tell us about your concerns

Please list 3 things you would like your child to accomplish this school year

Family Information:

Child's Name _____

Holidays celebrated are:

What customs or traditions are important to your family?

Your family's culture originates from what countries?

Are there specific talents that you or a member of your family would be interested in sharing with your child's class?

Home language information:

Is a language other than English spoken at home? (Circle one) Yes No

If yes....A. What language? _____

B. What is the primary language SPOKEN TO the child at home? _____

C. What language does the CHILD use at home? (Check below)

_____ Only English

_____ Mostly English and sometimes _____

_____ Mostly _____ and sometimes-English _____

_____ Only _____