

Form A
The Center's LF Pre K Program
Registration Information

___ \$15.00 Registration fee ___ Medical Forms Date Paid ___/___/___ Accepted ___/___/___ Initial ___ S/W _____ via phone/ in person Receive ___ am snack ___ pm snack Start Date ___/___/___ <p align="center"><i>office use only</i></p>

Child's Name: _____
 Home Address: _____

 Phone: _____
 Date of Birth: _____ Age: _____
 Gender: Male Female

Allergies: _____ **Medical Alert:** _____

Mother:	Father:
Name _____	Name _____
Address _____	Address _____
_____	_____
Daytime phone _____	Daytime phone _____
Employer: _____ wk# _____	Employer: _____ wk # _____

With whom does your child reside? ___ Both parents ___ Mother ___ Father ___ Guardian

Little Falls Benton Hall Academy Pre K Programs

- 3 Year old class –Tues & Thur 8:30 –11:00 am
- 4 Year old class- M, W, F 8:30-12:30 pm
- Full day Childcare-complete SCHOOL YEAR drop off/pick up time below
- UPK Wrap around childcare AM or PM -complete SCHOOL YEAR drop off/pick up time below

Please circle above am or pm

SCHOOL YEAR for UPK Wrap around / Childcare Drop off / Pick up time:

- | | |
|------------------------------------|---------------|
| | AM / PM |
| <input type="checkbox"/> Monday | _____ / _____ |
| <input type="checkbox"/> Tuesday | _____ / _____ |
| <input type="checkbox"/> Wednesday | _____ / _____ |
| <input type="checkbox"/> Thursday | _____ / _____ |
| <input type="checkbox"/> Friday | _____ / _____ |

- I give my child permission to nap, I understand that if my child does not nap he/she will not be confined to a sleeping surface during scheduled naps-quiet activities will be offered.
- I authorize the staff of the Youth & Family Center of the Mohawk Valley to give FIRST AID when appropriate.
- I authorize The Center's staff to apply bug spray/ sunscreen/ topical ointment on my child if needed.
- I give permission for my child listed above to go on walking field trips.
- I give permission for my child listed above to be photographed for social and/or promotional purposes as s/he is attending Center activities.

Please check all that apply

I agree to enroll my child in the Youth & Family Center of the Mohawk Valley's childcare program, as indicated above. I understand, by my signature below, that I am contracting for these days and times for my child's participation, and that the weekly fee indicated in the Parent Handbook is due in advance **weekly or bi-weekly** payable to the Youth & Family Center of the Mohawk Valley whether or not I have my child use this time. I am in agreement with and will abide by the procedures and rules stated in the Parent Handbook, which I have received and read.

Parent Signature

Date

Form B
The Center's LF Pre K Program
Emergency Contact/Authorized pick up / Medical Information / Consent

Child's Name: _____

Emergency Contact Information / Authorized Persons to Pick Up:

All people who are authorized to **pick your child up** from our day care programs, must be listed below. All authorized people must personally add their signature on this form. **Original signatures are a state requirement** of our day care license and exist for the safety and protection of your child.

***** (We will call parents first; then Emergency Contacts) *****

Name: _____ Signature: _____

Phone: _____

Address: _____

Relationship to Child _____

Name: _____ Signature: _____

Phone: _____

Address: _____

Relationship to Child _____

Name: _____ Signature: _____

Phone: _____

Address: _____

Relationship to Child _____

Name: _____ Signature: _____

Phone: _____

Address: _____

Relationship to Child _____

Physician's Name: _____

Telephone: _____

Address: _____

Has your child had any illness, allergies, operations, accidents or recent hospitalization? Yes / No.

If yes, please explain: _____ Please circle

Additional medical consent forms are required if your child needs an epi-pen or an inhaler.

Form C
The Center's LF Pre K Program
Consent

Child's Name: _____

Does your child require any special attention, medication, or have routines that need to be taken into consideration during their time at our program. We will do our best to meet the needs of your child with the assigned staff, however should your child require additional staffing due to special needs, we reserve the right to limit or terminate services. Yes / No

Please circle

I understand that every effort will be made to contact me in the event of an emergency requiring medical or dental attention for my child listed at the top of this form. However, if I cannot be reached, I hereby authorize the staff of the Youth & Family Center of the Mohawk Valley to transport my child the nearest hospital and to secure my child the necessary medical or dental treatment. Please specify hospital if you have a preference: _____.

Parent Signature

Date