

Brunswick Parks and Recreation Department

PRESCHOOL

Registration Form

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656.

REGISTRATION FEE: \$20.00

COPY OF CHILD'S BIRTH CERTIFICATE AND IMMUNIZATION RECORDS MUST ACCOMPANY REGISTRATION

MORNINGS

Brunswick Resident

M W F

Non-Resident

T Th

***REQUIRED FIELDS**

*Child's Name _____ Male Female

*Child's Date of Birth _____ *Home Phone _____

*Name of Parent(s)/Guardian(s) _____

Parent's Cell Phone _____ Parent's email address _____

*Address _____ Town _____ Zip _____

*Mailing Address (if different) _____ Town _____ Zip _____

*Employer of Mother _____ *Address _____ *Tele _____

*Employer of Father _____ *Address _____ *Tele _____

If parents can't be reached in an emergency, please call:

*Name: _____ *Address: _____ *Phone: _____

In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the Preschool staff to take my child to:

*Doctor _____ *Address _____ *Tele _____
or to _____ Clinic or Hospital

*Dentist _____ *Address _____ *Tele _____

I understand that my child's acceptance and continuation in the program will be at the director's discretion and that I will be charged for all days that my child's program is in session including days my child is sick, and personal vacation days.

I will give two (2) weeks notice before withdrawal. If I fail to give two weeks notice, I will be obligated to pay two weeks tuition.

I give permission for my child to go on any school sponsored trip and to be transported by School Bus if distance requires such transportation.

I would like to be included on a carpooling list ★

* Signature of Parent/Guardian

Date

SIGNATURE INDICATES ACCEPTANCE OF THE ABOVE CONDITIONS

NOTE: Please return these registration/application forms to the Recreation Center office along with your registration fee, copy of child's birth certificate, and immunization records

★ If you do not want your child's name, address and phone number on the class list, which is distributed in your child's classroom, please see Judy Tuck so it can be removed.

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Student Application Questionnaire

M W F

T Th

Dear Parent:

This questionnaire is designed to help us get to know your child as you have seen him/her grow in the early years at home. This information will help us plan the best start in school for your child. We hold all information in confidence and will be happy to speak with you concerning your child.

Child's Name _____ Age _____ Male Female

Address _____ Phone _____

Town _____ Zip _____ Town of Residence _____

Parent's Cell Phone _____ Parent's email address _____

Child is usually called _____

Child's Date of Birth _____ Today's Date _____

Has your child attended a preschool before: Yes No

If yes, Name of School _____

Dates of Attendance: From _____ to _____ Number of days per week _____

BASIC FAMILY DATA:

Child's position in the family: Oldest Middle Youngest Only

Names and ages of other children: _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Address of either parent (if different from child) _____

Does someone else live with the family: If so, explain:

BASIC PERSONAL DATA ON THE CHILD:

Is your child currently being treated for an illness or condition of which the school should be aware? If so, describe:

*Are you aware of any allergies your child may have?

Is your child presently taking any medication? If so, please explain:

Do you consider your child to be:

Exceptionally healthy? Average in health? Sickly?

Do you have any reason to suspect that your child has difficulty in seeing or hearing? _____

Has he/she ever had his/her vision or hearing test? _____

If either answer is yes, please explain.

At what age did your child toilet train? Are there any issues regarding your child's toileting that the teachers should be made aware of?

Is there any unusual behavior, of which the teachers should be made aware? (i.e., seizures, breath holding, tantrums, etc.) Please explain.

Do you have any special talent which you would like to share with the Preschool; or interest in coming in to work on a project with the children? If so, please describe.

Which hand does your child usually use? Right Left Both

What do you consider your child's strongest points?

What do you consider your child's weak points?

How did you find out about our Preschool program?

Other comments....(Use reverse side for additional comments if necessary)