

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 & IMMUNIZATION RECORDS MUST ACCOMPANY REGISTRATION (Returning students please submit updated immunization records)

Brunswick Resident [] Admission date: [] MWF []
Non-Resident [] Termination date (if not end of school year): [] Tu Th []

*REQUIRED FIELDS

*Child's Name [] Male [] Female

*Child's Address []

*Child's Date of Birth [] *Home Phone []

*Name of Parent(s)/Legal Guardian(s) []

Parent/Guardian #1 Cell Phone [] Email address []

*Parent/Guardian #1 address, if different than above []

Parent/Guardian #2 Cell Phone [] Email address []

*Parent/Guardian #2 address, if different than above []

*Mailing Address (if different) [] Town [] Zip []

*Employer of Parent/Guardian #1 [] *Address [] *Tele []

*Employer of Parent/Guardian #2 [] *Address [] *Tele []

If parents can't be reached in an emergency, please call (this should be a local person):

*Name: [] *Address: [] *Phone: []

If parents cannot be reached due to down or jammed phone lines in this area, a contact outside of this area:

*Name [] *Address [] *Phone []

If parent cannot be reached by telephone during the time child is in care, how can the parent be reached?

*Doctor [] *Address [] *Tele []

or to [] Clinic or Hospital

*Dentist [] *Address [] *Tele []

I give permission to the Brunswick Parks & Recreation Department to photograph or film myself or my child (ren) for the use of promotional materials that may or may not be aired on Brunswick TV3 or used in other correspondence, such as brochures, flyers, social media or any other promotional tools, deemed appropriate by the Brunswick Parks and Recreation Department.

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 or to participate in a walking field trip outside the preschool building.

* 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 current immunization records

* If you do not want your child's name, address and phone number on the class list, please notify office.

Emergency Medical Treatment Authorization

Child's full name _____ Date of birth _____ Child's nickname, if any _____

I, _____, parent or guardian of the child named above, give my permission to Brunswick Parks & Recreation Department Preschool to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the provider to administer emergency care of treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent of any emergency medical care and treatment for my child as secured or authorized under this consent.

Note: Every effort will be made to notify parents *immediately* in case of emergency.

In the event of an emergency, it would be necessary to have the following information.

Name of Parent or Legal Guardian: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

Doctor: _____ Ph.# _____

Address: _____

Preferred Hospital to Contact: _____ Ph.# _____

Dentist: _____ Ph.# _____

Address: _____

Person(s) to contact in as emergency if parents/legal guardians are unavailable

| Name | Home# | Work#/Cell# | relationship |
|------|-------|-------------|--------------|
|------|-------|-------------|--------------|

Child Care Provider: _____ Ph.# _____

Present medication(s): _____

Known allergies: _____

Date of last tetanus: _____

Special Needs _____

Please list here or on an attached sheet of paper a summary record of significant factors concerning the child's adjustment in the home/preschool settings, unusual events and occurrences,

Insurance provider & number: _____

Parent/Guardian signature _____ Date _____

PERSONS THAT ARE ALLOWED TO PICK-UP CHILD OTHER THAN THE PARENT

| Name | Address | Phone Number |
|------|---------|--------------|
|------|---------|--------------|

| Name | Address | Phone Number |
|------|---------|--------------|
|------|---------|--------------|

| Name | Address | Phone Number |
|------|---------|--------------|
|------|---------|--------------|

Brunswick Parks and Recreation Department

PRESCHOOL

PAYMENT POLICY

**MONTHLY TUITION RATES FOR THE 2016 - 2017 PRESCHOOL YEAR
ARE AS FOLLOWS:**

| | <u>Residents</u> | <u>Non-residents</u> |
|---------------|------------------|----------------------|
| 2 day, T/Th | \$116.00 | \$155.00 |
| 3 day, M/W/F | \$173.00 | \$231.00 |
| 5 day, MTWThF | \$289.00 | \$386.00 |

PAYMENT IS DUE IN ADVANCE

PLEASE MAKE CHECKS PAYABLE TO:
“TOWN OF BRUNSWICK”

PARTICIPANTS MAY CHOOSE ONE OF THE FOLLOWING: (PLEASE CIRCLE OPTION)

1. A MONTHLY PAYMENT SCHEDULE WITH PAYMENT DUE ON THE FIRST MONDAY/FIRST TUESDAY.

Or

2. BI-MONTHLY PAYMENT SCHEDULE WITH PAYMENTS DUE ON THE FIRST AND THIRD MONDAY/FIRST AND THIRD TUESDAY.

In the event that a participant does not pay in advance of the monthly or bi-monthly payment schedule, a grace period of seven calendar days will be extended during which time payment must be made in full. If payment is not received during the seven day grace period, the child will no longer be permitted to attend the Preschool Program until the balance outstanding is paid in full.

Please contact Sarah St. Pierre, Financial Administrative Assistant at 207-725-6656 or sstpierre@brunswickme.org with any concerns or questions about this policy. Office hours are from 8:30-4:30 Monday- Friday.

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 have read the above Preschool Policy and understand and accept these policies.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Date

Brunswick Parks and Recreation Department

PRESCHOOL

Student Application Questionnaire

MWF

Tu 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 _____ Home Phone _____

Town _____ Zip _____ Town of Residence _____

Mom's Cell Phone _____ Mom's email address _____

Dad's Cell Phone _____ Dad'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:

Please fill out reverse side (Over)

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....