



Please check one:

Pre-Kindergarten Experience Only 2024-2025

_____ Prefer 3 day (\$120.00 per month)

(Must be 3 yrs old by Aug. 1, 2024)

_____ Prefer 5 day (\$160.00 per month)

(Must be 4 /5 yrs old by Aug. 1, 2024)

_____ **Registration fee (\$35.00)**

students

Full-Day Experience

___ Infants/Waddlers \$199/week

___ One's/Two's \$187/week

___ Three's/Four's/Five's \$176/week

___ After School Care. \$113/week

___ School Day Closure \$30/day currently enrolled students
\$50/drop-in students

___ Spring/Christmas \$150/week currently enrolled

(Break ages 6+) \$200/week drop-in students

___ **Registration fee (\$50.00)**

REGISTRATION FORM

PERSONAL INFORMATION

Child's Name: _____ M / F (circle)

Name to be used at ELC _____ Birthdate _____

Address _____ City _____

Zip Code _____ Special Needs of Child (medications, treatments, allergies, food intolerance, conditions, behaviors, etc.) _____ No _____ Yes (If yes, please complete the Special Care Plan and Authorization for Release of Information Form)

Parent/ Legal Guardian #1: _____ Relationship _____

Home Address: _____ Phone # _____

Email Address: _____

Place of Employment _____ Address: _____

Work Phone #: _____ Cell Phone #: _____

Parent/Legal Guardian #2: _____ Relationship _____

Home Address: _____ Phone # _____

Place of Employment: _____ Address: _____

Work Phone #: _____ Cell Phone #: _____

Email Address: _____

People in the home: Father _____ Mother _____ Other people in the home are:

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>
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INFORMATION ABOUT SERVICES

Days/Hours when care is needed _____

List any previous child care experience _____

Has your child previously been involved in group experiences with other children _____

Please list _____

Pre-Kindergarten Experience only _____

TOILETING

Is your child toilet trained? _____ Does child eliminate byhim/herself? _____

Does child need reminded? _____

Does child need help with clothing? _____

Does child have certain words to indicated a need to eliminate? _____

EVERYDAY INFORMATION

Usual eating schedule _____

Foods Child Likes _____ Dislikes _____

Things that comfort your child _____

Are you aware of fears or anxieties your child has? _____

Does your child have a pet? _____ Type and Name _____

What play materials or equipment hold your child’s attention the longest?

Has your child previously been involved in group experiences with other children? Please list:

Is there any emotional trauma or unsettling incident in your child’s life that may affect their behavior?

Is there any further information concerning your child and his/her environment that would help us better understand your child? _____

How do you handle discipline? _____

HISTORY OF IMMUNIZATIONS AND TESTS

We will need a copy of your child’s immunization records.

We will need a State Health form completed by child’s doctor. (This form will be provided to you by us.)

A NON-REFUNDABLE REGISTRATION SHOULD BE SUBMITTED WITH THIS FORM

Legal Guardian’s Signature: _____ Date _____