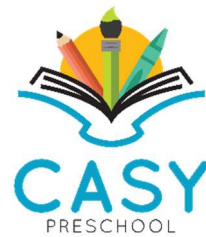


REGISTRATION FORM

2021-2022 School Year



Child Information

Date _____

1 st Child			
Last Name	First Name	MI	Nickname
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age MO / YR	Birth Date	Birth City/State City: State:
Existing medical conditions, medications and/or special attention your child may require			
Allergies			
Is your child napping (<i>for extended day/clubhouse students only; all mini 2s and 2s must nap</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Photos: I give permission for CASY to post a photo/video of my child on: <input type="checkbox"/> Social Media Pages <input type="checkbox"/> Website <input type="checkbox"/> School Emails (CASY Parents Only)			
Photos: May we take and maintain a photo of your child for security purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Desired Schedule			
Program <input type="checkbox"/> Morning Class <input type="checkbox"/> Lunch <input type="checkbox"/> EXD <input type="checkbox"/> CLUB		Days of the Week <input type="checkbox"/> Mon-Fri <input type="checkbox"/> MWF <input type="checkbox"/> T/TH	
2 nd Child			
Last Name	First Name	MI	Nickname
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age MO / YR	Birth Date	Birth City/State City: State:
Existing medical conditions, medications and/or special attention your child may require			
Allergies			
Is your child napping (<i>for extended day/clubhouse students only; all mini 2s and 2s must nap</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Photos: I give permission for CASY to post a photo/video of my child on: <input type="checkbox"/> Social Media Pages <input type="checkbox"/> Website <input type="checkbox"/> School Emails (CASY Parents Only)			
Photos: May we take and maintain a photo of your child for security purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Desired Schedule			
Program <input type="checkbox"/> Morning Class <input type="checkbox"/> Lunch <input type="checkbox"/> EXD <input type="checkbox"/> CLUB		Days of the Week <input type="checkbox"/> Mon-Fri <input type="checkbox"/> MWF <input type="checkbox"/> T/TH	

How did you hear about us? _____

Primary Guardian Information

Names(s) of person(s) with whom child is living

1 st Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address		Work Phone	Cell Phone
Occupation	Employer	Work Address	Work Hours
2 nd Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address		Work Phone	Cell Phone
Occupation	Employer	Work Address	Work Hours
Which guardian should be called first?			
Home Phone		Preferred language for written communication	
Home Resident Street Address		Apt#	City
Mailing Address (if different than above)		Apt#	City
			Zip Code
			Zip Code

Emergency Contacts and Authorized Pickups

1 st Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:	
2 nd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:	
3 rd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:	

CONFIDENTIAL STUDENT HISTORY



This confidential form is to help CASY Preschool support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in our care.

Instructions: This form is to be completed by a parent/guardian and must be on file at CASY Preschool on or before a child's first day of attendance. If additional space is needed, please attach a separate sheet of paper.

Child's Name: _____

Date of Birth: _____

Parent/Guardian Completing this Form: _____

Relationship to Child: _____

What is your preferred method of communication? _____

School History

Has your child attended a preschool/childcare center in the past? Yes ____ No ____

If yes, what was the name of the preschool/childcare center? _____

What did you like most about your child's previous preschool/childcare center?

What did you like the least?

Social & Behavioral History

Has your child been exposed to social group settings with peers? Yes ____ No ____

Does your child prefer to play alone or with other children? Alone ____ Other Children ____

Please list a few of your child's favorite activities, toys and/or books: _____

Please list a few of you child's dislikes or fears: _____

How do you know when your child is:

Happy? _____

Sad? _____

Mad? _____

Tired? _____

Hungry? _____

Other Information

Does your child have any physical disabilities or special needs? Yes ____ No ____

If yes, what are they? _____

Does your child have any health issues that we should be aware of? Yes ____ No ____

If yes, please explain: _____

Is there anything else you would like to share with us about your child that you feel would help us create a positive environment and relationship for your child?

Parent/Guardian Signature

Date

ACKNOWLEDGEMENT FORM



I give permission for CASY to distribute my phone number to other CASY parents to be used for school activities.

Yes No

I give permission for CASY to distribute my email address to other CASY parents to be used for school activities.

Yes No

I give permission for CASY to place a photograph of video of my child on CASY social media pages.

Yes No

I give permission for CASY to place a photograph of video of my child on CASY's website.

Yes No

I give permission for CASY to use a photograph of my child in advertisements (flyers, brochures, magazine articles) for CASY.

Yes No

I give permission for CASY to use a photograph of video of my child in emails sent only to other CASY families.

Yes No

I have received a copy of the CASY Handbook, and I understand and agree to all policies stated within.

Parent/Guardian Signature

Date

Required Forms to Complete Enrollment

1. Registration Form
2. Emergency Card
3. Confidential Student History
4. Copy of Immunizations
5. Tuition Express Form (optional)
6. Acknowledgement Form

Tuition Information

Your tuition will be:	Required Deposit:
_____ /MONTH	<input type="checkbox"/> \$200.00 <input type="checkbox"/> \$300.00 <input type="checkbox"/> Other: _____

Signature

Parent/Guardian Signature

Date