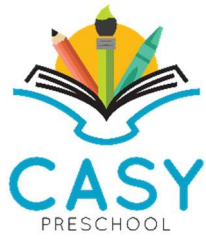


# REGISTRATION FORM

2022-2023 School Year



## Child Information

Date \_\_\_\_\_

1 <sup>st</sup> 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"/> Early Morning Drop Off <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 <sup>nd</sup> 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"/> Early Morning Drop Off <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 <sup>st</sup> Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
2 <sup>nd</sup> 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 Resident Street Address	Apt#	City	Zip Code
Mailing Address (if different than above)	Apt#	City	Zip Code

## Emergency Contacts and Authorized Pickups

1 <sup>st</sup> Contact/Pickup	
Last Name	First Name Relationship to Child
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 <sup>nd</sup> Contact/Pickup	
Last Name	First Name Relationship to Child
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 <sup>rd</sup> Contact/Pickup	
Last Name	First Name Relationship to Child
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:

/MONTH

Required Deposit:

\$200.00     \$300.00     Other: \_\_\_\_\_

## Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date