Today's Date_____________
Registration Fee _________

South Gate Preschool
Registration Form
2018 -2019

Child's Name____ Nickname________________________

Birthday (month/day/year)____________________________________ Enrollment Date _________________

Parent/Guardian information

Mother's Name_____________________________ Father's Name__________________________________

Address_________________________________ Address_______________________________________

City______________ State______ Zip_________ City _________________ State______ Zip __________

Cell # __________________ Home_____________ Cell # ____________________ Home _____________

Employer ________________________________ Employer _____________________________________

Position __________________________________ Position ____________________________________

Address __________________________________ Address _____________________________________

Work Phone ______________________________ Work Phone __________________________________

Email ____________________________________ Email ____

Child lives with: ____ Mother ____ Father ____ Both ____ other ____________________________

Siblings: Name____ Age________
Name____ Age________
Name____ Age________
Name____ Age________

I'm enrolling my child for the following session:

_____T/Th 8:45 – 11:30 AM ($110.00) 3 year olds and young 4's

_____M/W/F 8:45 – 11:30 AM ($130.00) 4 and 5 year olds

_____M/T/W/TH/F AM (230.00) older 4 and 5 year olds

Registration Fee: $50.00 for first child. $25.00 for each additional child from the same family.
Registration Fee is Non – Refundable

Local Emergency Contacts (other than parents. Must include 2)

Name ________________________________ Name ________________________________

Address ______________________________ Address ______________________________

Cell # ______________ Home # ____________ Cell # ________________ Home # ____________

Relationship to Child ______________________ Relationship to Child ______________________

Persons permitted to pick up your child

Persons listed will need to show a valid driver's license before child will be released.

Name ________________________________ Name ________________________________

Cell # ______________ Home # ____________ Cell # ________________ Home # ____________

Relationship to Child ______________________ Relationship to Child ______________________

Neighborhood Walks

I hereby give South Gate Preschool permission to take my child on a walk around the preschool Neighborhood.

____ ____________

Signature of Parent/Guardian Date

Consent to Contact Physician in an Emergency

In the event that I cannot be reached to make arrangements, I hereby give my consent to South Gate Preschool to Contact:

Name of Physician__________________________________ Phone __________________________

____

Address City zip

And if necessary, call emergency personal. I prefer my child be taking to ___________________________

Hospital

____ ______________

Signature of Parent/Guardian Date

Updated 1/17 (pre)

Child's Medical Information

Current Health status or any health problems caregiver should know? ______________________________

____

Special Diets

Does your child require a modified diet or have an intolerance to food ______ No ______ Yes

If yes, please explain/details:____

____

Allergies ______ No _____ Yes If yes, please explain/details:

Allergic to ________________________________ Reaction ________________________________

Allergic to ________________________________ Reaction ________________________________

Comments ____

____

I understand that if my child is allergic to anything or has an intolerance to food, my child's information will be posted in his/her classroom. This posting are informational and intended to provide safety for my child.

Special concerns: (Glasses, Hearing Aids, Speech) ______________________________________

Any activities Child should NOT engage in:____

I certify that the above information is correct to the best of my knowledge.

____ ________________

Signature of Parent/Guardian Date

Immunization Records

In order for children to attend South Gate Preschool and Children's Day Out we require that ALL children are current with their immunizations. The Lancaster County Health Department require us to maintain current documentation of each child's immunization records. We **MUST** have a copy of your child's immunizations before they begin Preschool or CDO.

First Name:		**Last Name:**		**Date of Birth:**		
PCV 1 / /	DTaP 1 / /	IPV 1 / /	HIB 1 / /	HEP-B 1 / /	MMR 1 / /	VAR 1 / /
PCV 2 / /	DTaP 2 / /	IPV 2 / /	HIB 2 / /	HEP-B 2 / /	MMR 2 / /	VAR 2 / /
PCV 3 / /	DTaP 3 / /	IPV 3 / /	HIB 3 / /	HEP-B 3 / /		
PCV 4 / /	DTaP 4 / /	IPV 4 / /	HIB 4 / /	*****REFUSAL:**	( ) Copy of Immunization Refusal Form must be included with this report.	
	DTaP 5 / /			*****VARICELLA:**	( ) Copy of Varicella Disease Verification Form must be included with this report.	

PCV – Includes PCV7 or 13, (Prevnar) and PPV23
DTaP – Includes DtaP and DTP (Diptheria, Tetanus, Pertussis)
DT (Diphtheria, Tetanus – Pediatric)
Td (Tetanus, Diptheria – Adult)
IPV – Includes OPV (Oral Polio Vaccine)
IPV (injectable Polio Vaccine

HIB – Haemophilus Influenzae Type B
Hep B – Hepatitis B
MMR – Measles, Mumps, Rubella
VAR – Varicella VZV

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian ______________________ Date __________