

2026-2027 Registration/Emergency Form



Child's Full Name _____ Sex _____

Name child goes by _____ Date of Birth _____

Home address _____ City/State _____ Zip _____

Parent's name _____ Preferred phone # _____ Type of # _____

Home address _____ City/State _____ Zip _____

Email address _____ Alt. phone # _____ Type of # _____

Place of work/Occupation _____ Work phone # _____ Hours _____

Parent's name _____ Preferred phone # _____ Type of # _____

Home address _____ City/State _____ Zip _____

Email address _____ Alt. phone # _____ Type of # _____

Place of work/Occupation _____ Work phone # _____ Hours _____

Siblings & ages _____

Please list any other persons living with your child and their relationship: _____

Doctor name & address _____ Phone # _____

Are there any physical limitations or challenges / diagnosis we need to know about? _____

Is your child on any medication that we need to know about? _____

Does your child have allergies? _____

How are they to be treated if a reaction occurs? _____

Does your child have any previous experience with preschools or daycare? _____

Does your child enjoy being in a group setting with peers? _____

How will your child respond to being left at school? _____

How does your child express anger? _____

Is there anything else we need to know about your child? _____

I, (parents/guardian) _____ of (child) _____

(age) _____, give my permission and/or consent to the personnel of Tiny Treasures Preschool staff to secure and authorize such hospital and emergency medical care, and/or first – aid treatment as my child named above might require while under the supervision of the said preschool personnel. I also agree to pay the entire cost and fees contingent on an emergency medical treatment of my child as secured or authorized under this consent as required in the sole judgment of the program director. We understand that every effort will be made to reach us when such an injury or illness occurs so that we can be present at the hospital for consultation.

Signed (parent/guardian) _____ Date _____

Below please list names of two persons to contact in case of accident or illness if you cannot be reached. These persons would be authorized to pick up your child/children. We would like the people listed to be able to reach the school within a 30-minute period.

Name _____ Address _____ City/State _____

Preferred # _____ Alternate # _____ Relationship to child _____

Name _____ Address _____ City/State _____

Preferred # _____ Alternate # _____ Relationship to child _____

I give my permission for (name of child) _____ to take walks and go on all field trips sponsored by the preschool. I understand I will be notified if the field trip entails transportation for my child.

Signed (parent/guardian) _____ Date _____

(Name of child) _____ MAY / MAY NOT (please circle one) be included in any pictures or video taken. The photos may be used to interpret the Preschool program through the press and other media. Any such photography will be done under the supervision of the preschool staff.

Signed (parent/guardian) _____ Date _____

I understand that my child (name) _____ is enrolled in a program that nurtures spiritual growth. I understand curriculum may include the use of Bible stories, songs, poems and prayers.

Signed (parent/guardian) _____ Date _____

My Child's Attendance Schedule

(please circle which days your child will attend each mixed-age program, all classes run 9:00am-12:00pm)

3-Day Program Monday | Wednesday | Friday

2-Day Program Tuesday | Thursday

Monthly costs: 2 days = \$190; 3 days = \$265; 4 days = \$350; 5 days = \$400

Monthly tuition is due the 1st of every month. Please note that monthly tuition is based on the overall cost of the program and remains the same regardless of school breaks, institute days, emergency closings or field trips. Make up days are not offered.

Annual Supply and Snack Fee: 2 days = \$40; 3 days = \$60; 4 days = \$80; 5 days = \$100 (non-refundable fee due at registration)

\$50 non-refundable deposit required per family to hold your spot. Date paid _____ Amt. _____ Cash _____ Check # _____