

# 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 # \_\_\_\_\_