

# 2019 - 2020 Registration/Emergency Form



Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Name child goes by \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_ Preferred phone # \_\_\_\_\_ Type of # \_\_\_\_\_

Home address Complete only if different from child's home address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Alt. phone # \_\_\_\_\_ Type of # \_\_\_\_\_

Place of work/Occupation \_\_\_\_\_ Work phone # \_\_\_\_\_ Hours \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_ Preferred phone # \_\_\_\_\_ Type of # \_\_\_\_\_

Home address Complete only if different from child's 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 & Practice \_\_\_\_\_

Practice address \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any physical limitations or challenges we need to know about? \_\_\_\_\_

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

Please list any medications your child is allergic to: \_\_\_\_\_

Does your child have any other 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) \_\_\_\_\_ born (D.O.B.) \_\_\_\_\_, 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 \_\_\_\_\_

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Below please list names of at least 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 \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City/State \_\_\_\_\_

Preferred # \_\_\_\_\_ Alternate # \_\_\_\_\_ Relationship to child \_\_\_\_\_

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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 \_\_\_\_\_

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(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 including social media such as Facebook or Instagram. Any such photography will be done under the supervision of the preschool staff.

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

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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 and will include monthly Chapel time with the pastor of Wildwood Presbyterian Church. Parents are welcome to join during these times!

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

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There is a \$50 non-refundable registration fee per family that MUST be submitted with this registration form + class selection sheet unless eligible for a discount. It is payable by cash or check to **Tiny Treasures Preschool**.

Registration forms + class selection sheets and fees can be given directly to the preschool director, placed in the registration box located near the director's office, handed in to the main church office when the preschool is closed or mailed to Tiny Treasures Preschool at: 18630 W Old Gages Lake Rd, Grayslake, IL 60030.

How did you hear about Tiny Treasures? (Please circle) Returning Family | Referral | Internet Search | Social Media | Other \_\_\_\_\_

## 2019 - 2020 Class Selection & Tuition/Fee Information



Child's Full Name \_\_\_\_\_

Please circle below which days your child will attend each mixed-age program.

We offer two programs as we are required to keep them each 10 hours or less, HOWEVER flexible enrollment means you may choose any days that meet your needs.

All classes run 9:00am-12:00pm. Please see the calendar for more information.

**3-Day Program**    Monday   |   Wednesday   |   Friday

**2-Day Program**    Tuesday   |   Thursday

Annual *Supply & Snack Fee* is due by the first day of school (Wednesday, September 3rd).

A non-refundable deposit equal to your monthly tuition is due by August 1st (this will be applied as a tuition payment to your child's last month of attendance). Monthly tuition will be due by the 1st of each month starting in September.

Please note that monthly tuition is based on the overall annual cost of the program and remains the same regardless of school breaks, institute days, emergency closings or field trips and make up days are not offered.

<u>Monthly Tuition:</u>	<u>Supply &amp; Snack Fee:</u>
1 day = \$79/month	\$20 annually
2 days = \$149/month	\$40 annually
3 days = \$199/month	\$60 annually
4 days = \$278/month	\$80 annually
5 days = \$325/month	\$100 annually

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**\$50 registration fee required per family** Date paid \_\_\_\_\_ Paid to \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_