



# 2019 REGISTRATION FORM

## Registration Procedure

1. Complete this form for each child you are considering enrolling and return it to us with your non-refundable \$100 registration fee, \$50 for each additional sibling. Please submit a \$50.00 non-refundable registration fee if you are re-registering a child, \$40 for each additional sibling. Tuition for the last two week's tuition is required when a child is registered at the Center; this payment will reserve the space for the child.
2. Upon receipt of your application(s) and registration fee(s), we will arrange an appointment for you and your child(ren) to visit, at which time we will discuss Surreybrook Preschool & Child Development Center policies and procedures and any issues, concerns, or questions you may have.
3. Surreybrook Preschool & Child Development Center provides services to families without regard to race, gender, religion, cultural heritage, political beliefs, and/or marital status.

**IMPORTANT: Social Security Numbers are required for use in a medical emergency when a parent cannot be reached as well as for a credit check. Driver's license numbers are requested in the event of a NSF check payment. Both must be filled out to complete your child's registration.**

## PLEASE PRINT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Child Lives with (circle one): Both Parents Father Mother Other \_\_\_\_\_

## Mother's Information

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address \_\_\_\_\_

Home/Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number \_\_\_\_\_

## **Father's Information**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer's Address \_\_\_\_\_

Home/Other Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License Number \_\_\_\_\_

## **Emergency Contact #1 (If parents cannot be reached)**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home/Other Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## **Emergency Contact #2 (If parents cannot be reached)**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home/Other Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## **Medical Information**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Regular Medications:

\_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Special Health Considerations:

\_\_\_\_\_

\_\_\_\_\_

**In the event of a medical emergency**, I hereby authorize Surreybrook Preschool & Child Development Center to have my child transported by emergency vehicle to \_\_\_\_\_ Hospital or the nearest emergency medical facility for treatment, and I authorize the provision of emergency medical services to my child in my absence. I understand that all costs of emergency transportation and medical services are my (parent/guardian) responsibility.

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

\_\_\_\_\_  
Date

**Person(s) Authorized to Pick Up Child\***

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone# \_\_\_\_\_

\*Please note that your emergency contacts must be authorized to pick up your child.

**Days and Hours of Care**

Please indicate which days of the week and the hours of each day in which you would like your child to receive daycare services:

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

## Photographic Release Authorization

I hereby \_\_\_\_ AUTHORIZE \_\_\_\_ DO NOT AUTHORIZE Surreybrook Preschool & Child Development Center to use and reproduce photographs taken of my child and to circulate said photographs for advertising and publicity purposes of every description. I understand that my child's name will not appear on any of these publications

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Parent/Guardian Signature

Date

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Parent/Guardian Signature

Date

## Authorization Signature(s)

The provisions outlined on this form have been worked out in consultation with me and have my approval.

Today's Date: \_\_\_\_\_

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Signature

Printed Name

Relationship to Child

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Signature

Printed Name

Relationship to Child

First Date of Enrollment: \_\_\_\_\_

Last Date of Enrollment: \_\_\_\_\_

(This form must be kept on file for one year after the child is no longer enrolled in the child care center.)