



2020 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.

PLEASE PRINT

Child's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

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

Parent'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 _____

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

Parent/Guardian Signature

Date

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: _____

Signature	Printed Name	Relationship to Child
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Signature	Printed Name	Relationship to Child
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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.)