Registration Form

Crib T/T ____ M/W/F _____
Two Year T/T ____ M/W/F _____
Three Year T/T ____ M/W/F _____ M/T/W _____
Four Year PreK T/T ____ (9am-2pm) M/W/F _____ (9am-2pm)
Five Year PreK I M-F _____ (9am-2pm)
*Five Year PreK II M-F_____ (9am-2pm)
*Must be 5 years by December 31, 2015

Male _____ Female _____ Child's Birthday _____
Child's Full Name _____
What is the child called? _____
Is your child new to this school? Yes _____ No _____

Parents Information:

Mother's Name _____ Contact# _____
Mailing Address _____ Work # _____
City/State _____ Zip _____ Other # _____
Where Employed _____ E-Mail _____
Hours _____
Father's Name _____ Contact # _____
Mailing Address _____ Work # _____
City/State _____ Zip _____ Other # _____
Where Employed _____ E-Mail _____
Hours _____
Marital Status oMarried o Divorced o Single o Widowed
If divorced who is the primary caregiver o Father o Mother
o Joint Custody o Grandparents

Emergency Information:

Name of person(s) authorized to act for parent in an emergency
_____Phone _____
_____Phone _____
Name of person to provide transportation _____
Name of Physician _____ Phone _____
Religious Affiliation _____

Background Information:

Other children in the family: Name Birthday School
_____
_____

****Please list any information you feel we should know (Allergies, etc.):**

_____
_____

Please read and sign

Immaculate Conception Preschool Purpose and Policy Statement

The purpose of Immaculate Conception Preschool is to provide children with a happy and relaxed atmosphere that allows them to learn and have fun. This is accomplished through art, field trips, music, fingerplays, supervised play, and table games and activities. Through these activities, the child learns to work and play with others, to listen and follow directions, to share, to cooperate and to grow in self-control.

1. Hours of Operation: 9:00 AM – 2:00 PM

2. Calendar Year: ICP follows Immaculate Conception School Calendar

3. Registration Fee: $75.00 (Non-Refundable)

4. Monthly Tuition:

½ Day 2 Day Programs	$125.00
½ Day 3 Day Programs	$160.00
Full day TT PreK Program	$200.00
Full Day MWF PreK Program	$240.00
Full Day M-F PreK I & II Program	$270.00

5. Application/Policy Statement and Health Record must be kept on file.

6. The preschool program has planned activities as well as free play for the children and complies with The Tennessee Department of Education standards and requirements. Discipline is limited to time outs and loss of privileges.

I have read and am aware of the above policies.

_____ _____

Signature date

Developmental Health History

(Infants and Young Children)

Child's Name_____ Date_____
Nickname_____

Physical Health

What health problems has your child had in the past? _____
_____

What health problems does your child have now? _____
_____

Other Than What You Listed Above—
Does your child have any allergies? ____ If so, to what? _____
_____
How severe? _____

Does your child take any medicine regularly? ___ If so, what? _____
_____

Has your child ever been hospitalized? ____ If so, when and why? _____
_____

Does your child have any recurring chronic illness or health problems such as:

_____ asthma	_____ cerebral palsy	_____ developmental delay
_____ diabetes	_____ frequent earaches	_____ hemophilia
_____ seizure disorder	Other_____	

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem? _____

Do you have any other concerns about your child's health? _____
_____
_____

Development (compared to other children this age)

Does your child have any problems with talking or making sounds? _____
Please explain. _____
_____

Does your child have any problems with walking, running, or moving? _____
Please explain. _____
_____

Does your child have any problems seeing? _____ Please explain. _____
_____

Does your child have any problems hearing? _____ Please explain. _____
_____

Does your child have any problems using his or her hands (such as with puzzles, small building pieces)? _____ Please explain. _____
_____

Daily Living

What is your child typical eating pattern? _____
_____
_____

Write NA(not applicable) if your child is too young for the following questions to apply.

What foods do your child like? _____
Dislike? _____

How well does your child use table utensils (cup, fork, and spoon)?
_____
_____

How does your child indicate bathroom needs?
Word(s) for urination: _____
Word(s) for bowel movement: _____
Special words for body parts: _____

What are your child's regular bladder and bowel patterns? _____
_____
_____

Do you want us to follow a particular plan for toileting? _____
_____

For toddlers, please describe use of diapers or toileting equipment (such as potty, toilet east adapter). _____
_____

What is your child's regular sleeping patterns?
Awakes at _____ Naps at _____ Goes to bed at _____

What help does your child need to get dressed? _____
_____

Social Relationships/Play

What ages are your child's most frequent playmates? _____

Is your child Friendly? ____Aggressive?_____Shy?_____Withdrawn? _____

Does your child play well alone? _____

What is your child's favorite toy? _____

Is your child frightened by (circle all that applies) Animals, Rough Children, Loud Noises, The dark, Storms, Other, please list: _____
_____
_____

Who does most of the disciplining? _____

What is the best way to discipline your child, EXCLUDING physical punishment?
_____
_____

With which adults does your child have frequent contact? _____

Does your child use a special comforting item (such as a blanket, stuffed animal, and doll)?

_____

_____

Is there any other information that you wish to share that would assist in meeting your child's needs? _____

_____

_____

_____

_____

_____

_____

Parent's Signature _____ Date _____

Note: The content of this form is taken from 'Healthy Young Children A Manual for Programs", a publication of the National Association for the Education of Young Children, and used by permission.

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