HIGHLAND PRE-SCHOOL REGISTRATION FORM

For Office Use:
Start date _____
End date _____

School year registering for: _____
Child's age on October 15th of above year: _____

Child's Name: _____M/F:____ Age: ____ Date of Birth: _____
Nickname (if any):_____
Mailing Address:_____ Town:_____ Zip:_____
Street Address:_____ Home
Email Address: _____ Telephone:_____

Parent #1/Legal Guardian:_____Occupation:_____
Employer:_____ Bus. Phone:_____ Cell Phone:_____

Parent # 2/Legal Guardian:_____ Occupation:_____
Employer:_____ Bus. Phone:_____ Cell Phone:_____

EMERGENCY CONTACT: In case of emergency when parents cannot be contacted, we may contact:
Name:_____ Relationship to child:_____ Phone:_____
Child's Doctor:_____ Phone:_____
Child's Dentist:_____ Phone:_____

Names of people, other than parents, who may pick up your child from school:

Please list anyone who **is not** to pick up your child:

Names, ages and relationships of other members of your household:

Does your child have allergies, or are there foods he/she should not eat for any reason?

Has your child previously, or is he/she currently seeing a doctor for an extended period of time for medical or psychological reasons or receiving any services (i.e. speech, OT, PT)? If yes, please explain.

May we use your name, address email and phone number on the class list? This list will be distributed to classmates._____

PLEASE CHECK SESSION(S) YOU WISH TO ENROLL YOUR CHILD IN:

_____ **3-4 yr. old program** *(T-Th morning - 2.5 hrs.)*

____ 9:00 start ___ morning preschool only ____ early drop-off (8:15)
____ 9:15 start ___ morning plus extended day (2:30) ____ late pick-up (3:15)

_____ **Pre-K program** *(MWF morning - 3 hrs.)*

____ 9:00 start ___ morning preschool only ____ early drop-off (8:15)
___ morning plus extended day (2:30) ____ late pick-up (3:15)

Special Requests (Attach note, if preferred):_____

Applications are not considered complete unless accompanied by the $35 registration fee ($20 for returning pre-schoolers). Please make checks payable to: Highland Pre-School.

Please attach a recent photo of your child so we may add him/her to the "Highland Express", our wall photo display of all our children! A copy of your child's immunization records along with a health record documenting a routine developmental screening (available from your pediatrician) must also be provided.

I hereby certify that, to the best of my knowledge, my child is physically and mentally able to participate in all the activities of the Highland Pre-School. I understand and agree to the arrangements for payment of tuition.

Parent/Legal Guardian Signature:_____ Date:_____

FOR OFFICE USE: Registration fee paid: Date:_____ Amount:_____ Ck/Cash:_____ Ack:_____