FOR STAFF USE ONLY

DATE OF PRE-ADMISSION CONFERENCE _____

GIVEN BY _____

Leave no blanks or form will be returned to you, delaying registration. This form must be filled out each school year.

TINY TOTS AND LITTLE TYKES, INC., PRESCHOOL AND CHILD CARE CENTER

LONG REGISTRATION FORM

Updated: 5/21/07

START DATE_____CHILD'S NAME_____

PROGRAM_____DAYS AND HOURS_____

BIRTH DATE_____AGE_____ ADDRESS_____

MOTHER'S NAME_____MOTHER'S HOME PHONE_____

MOTHER'S ADDRESS_____CITY_____ZIP_____E-mail_____

MOTHER'S PLACE OF EMPLOYMENT_____ WORK PHONE_____

FATHER'S NAME_____FATHER'S HOME PHONE_____

FATHER'S ADDRESS_____CITY_____ZIP_____E-mail_____

FATHER'S PLACE OF EMPLOYMENT _____WORK PHONE_____

MARITAL STATUS OF PARENTS (CHOOSE ALL THAT APPLY):

MARRIED_____ DIVORCED_____ SEPARATED_____ SINGLE PARENT_____

NAME OF FAMILY DOCTOR_____PHONE_____

STREET ADDRESS_____CITY_____ZIP_____

NAME OF FAMILY DENTIST_____PHONE_____

STREET ADDRESS_____CITY_____ZIP_____

LIST 2 NAMES OF PERSONS THAT ARE EMERGENCY CONTACTS AND ARE AUTHORIZED TO PICK UP YOUR CHILD. THEY MUST BE DIFFERENT FROM PARENT/GUARDIAN, AND YOU MUST LIST 2. PLEASE MAKE SURE THEY KNOW THEY NEED TO SHOW US A DRIVER'S LICENSE.

NAME_____ADDRESS_____PHONE_____

NAME_____ADDRESS_____PHONE_____

IN THE EVENT OF A MEDICAL EMERGENCY AND I CANNOT BE REACHED, I HEREBY AUTHORIZE THE STAFF TO OBTAIN EMERGENCY TRANSPORTATION TO CHILDREN'S HOSPITAL IN ST. PAUL. IF NECESSARY, I AUTHORIZE A CERTIFIED STAFF PERSON TO PERFORM CPR AND/OR FIRST AID PRIOR TO THE ARRIVAL OF AN EMT. I HAVE READ AND UNDERSTAND THE POLICIES OF TINY TOTS AND LITTLE TYKES PRESCHOOL AND CHILD CARE PROGRAMS THAT APPEAR IN THE "INFORMATION FOR PARENTS" BOOKLET, AND I AGREE TO ABIDE BY THEM. I UNDERSTAND THERE IS A 2 WEEK NOTICE BEFORE WITHDRAWING MY CHILD OR TUITION FOR THE TWO WEEKS IS DUE , REGARDLESS OF WHETHER MY CHILD WILL BE IN ATTENDANCE OR NOT.

PARENT/GUARDIAN_____DATE_____

UNDER NO CIRCUMSTANCE WILL A CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE STAFF WITHOUT PRIOR AUTHORIZATION FROM PARENT/GUARDIAN.

IS THERE ANYONE WHO UNDER NO CIRCUMSTANCES SHOULD PICK UP YOUR CHILD? YES_____ NO_____

IF YES, PLEASE LIST THE NAME:_____

PLEASE CHECK TO SEE THAT YOU HAVE FILLED IN ALL THE BLANKS AS REQUIRED BY OUR STATE LICENSING OR THIS FORM WILL BE RETURNED TO YOU, DELAYING YOUR CHILD'S REGISTRATION.

PLEASE TELL US ABOUT YOUR CHILD…

1. WHAT WOULD YOU LIKE YOUR CHILD TO GAIN FROM THIS PRESCHOOL/CHILD CARE EXPERIENCE?

2. PLEASE DESCRIBE ANY FACET OF YOUR CHILD'S PERSONALITY AND DEVELOPMENT THAT WOULD HELP US TO KNOW HIM/HER BETTER. LIST SPECIAL APTITUDES, INTERESTS, ETC.

3. HAS YOUR CHILD EVER PARTICIPATED IN ANY CHILD CARE/PRESCHOOL SETTING IN THE PAST?_____ IF YES, PLEASE EXPLAIN.

4. IS YOUR CHILD'S BEHAVIOR A PROBLEM FOR YOU AT HOME?_____ IF YES, PLEASE EXPLAIN.

5. LIST IF YOUR CHILD HAS EVER RECEIVED ANY SPECIAL SERVICES IN THE PAST.

6. PLEASE LIST THE NAME OF SIBLINGS AND THEIR AGES.

NAME_____AGE_____

NAME_____AGE_____

NAME_____AGE_____

7. PLEASE LIST ANY KNOWN ALLERGIES THAT YOUR CHILD HAS TO FOOD, MEDICINES, ETC. PLEASE LIST ANY OTHER HEALTH PROBLEMS YOUR CHILD HAS.

PARENT VOLUNTEER
"TIME IS LOVE"

PLEASE FILL OUT ANY AREAS IN WHICH YOU MAY WISH TO ENRICH THE LIVES OF THE CHILDREN IN YOUR CHILD'S PROGRAM. THIS IS STRICTLY VOLUNTEER AND WOULD BE ACCORDING TO YOUR SCHEDULE. WE REALLY APPRECIATE ANY HELP YOU CAN GIVE US!! THANK YOU IN ADVANCE!!!!!

CHAPERONING ON FIELD TRIPS TAKEN ON A BUS? _____

VOLUNTEERING IN CLASSROOM FOR STAFF MEETINGS_____
OUR MONTHLY STAFF MEETINGS ARE USUALLY THE SECOND WEDNESDAY OF EVERY MONTH FROM 1:00-2:30.

LIST ANY OTHER SPECIAL OR UNIQUE GIFTS OR TALENTS THAT YOU WOULD BE WILLING TO SHARE (eg. PLAY PIANO, GUITAR, ROCK OR SEASHELL COLLECTIONS, ETC.)