



**PLEASANT VALLEY PRESCHOOL
REGISTRATION FORM
THREE/FOUR YEAR OLDS**

Child's Name	Nickname	Age	Birthdate	Sex
Address			Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations needed				
Previous Child Day Care Programs and Schools Attended				
Baby-sitter's Name and address			Baby-sitter's Phone number	
PARENTS/GUARDIAN INFORMATION				
Father	Place employed and occupation		Business phone number	
Home address			Home phone number	
Mother	Place employed and occupation		Business phone number	
Home address			Home phone number	
Directions to child's home from preschool				
Are parents separated _____ or divorced? _____				
Names of siblings and ages				

Is your child adopted? _____ Does he/she know? _____				

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc., and action to take in an emergency	
Child's physician	Phone number
Names and address of two people to contact if parents cannot be reached	Phone number
1.	
2.	
Person(s) authorized to pick up your child	

Person(s) NOT authorized to pick up your child	

Dear Parents,

Without the generosity of the Pleasant Valley Church of the Brethren, the Pleasant Valley Preschool could not be in operation. In order to protect the church we need to ask you to sign the following agreements. We don't anticipate ever having an accident of any kind but there are never any guarantees. Our teachers are well qualified and are always cautious. We know that your children will really benefit from this preschool experience and we would never want anything to happen to jeopardize our being able to provide this service. Thank you for your loyal support.

Rhonda Harris
Pleasant Valley Church of the Brethren
Education Committee

AGREEMENTS

1. The Pleasant Valley Preschool agrees to notify parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes the Pleasant Valley Nursery School to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. This is not required by state regulation if the parent states an objection of the provision of such care on religious or other grounds.

Name of Health Insurance Co. _____
Policy Number _____

3. The parent/guardian agrees that they will not hold the teachers of Pleasant Valley Preschool nor the Pleasant Valley Church of the Brethren responsible in case of injury or accident incurred to the child while at preschool or while participating in preschool activities. The Pleasant Valley Preschool operates as a service to the community, and is nonprofit and nondiscriminatory.
4. The parent/guardian gives authorization for the child to participate in the preschool's transportation and field trips.

_____ YES _____ NO

SIGNATURES

Parent or Guardian

Date

Administrator of Preschool

Date

Office use only
Identity Verification

Date child entered preschool _____

Date left preschool _____

Place of birth	Birthdate	Birth Certificate Number	Other form of proof