



# Curious Critters Early Learning Center Preschool Registration

## Child's Information

Child's Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male Female Home Language: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

## Parent/Guardian's Information

1. Parent Name (first and last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

2. Parent Name (first and last): \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contacts (at least two)

1. Name (first and last): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name (first and last): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name (first and last): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Name (first and last): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Staff Use Only</b>	<b>Enrollment Date:</b>	<b>Start Date:</b>	<b>End Date:</b>
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# Curious Critters Early Learning Center

## Preschool Registration

Session Options (select all that apply)		Days of Class	Monthly Fee
	Registration		\$40.00
	Pre-3	2 Day Class 8:30–11:30 AM Tues., Thurs.	\$200.00
	Morning Pre-K	3 Day Class 8:30–11:30 AM Mon., Wed., Fri.	\$300.00

Registration Fee is due at the time of enrollment. Monthly tuition fees are due on the 1<sup>st</sup> day of each month. There is a 3 business day grace period for late payments. After 3 days a \$5.00 late fee will be applied for every day late.

Payment Methods: Check made out to Curious Critters or electronic payment through Brightwheel only.

### About Your Child

Tell me some things about your child (likes, dislikes, concerns, personality, etc.)

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# Curious Critters Early Learning Center Preschool Registration

## Authorization for Treatment of a Minor

\_\_\_\_\_ I give Curious Critters permission to give my child emergency treatment by a qualified staff member.

\_\_\_\_\_ I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment in the event that I cannot be reached.

## Media Release

While enrolled at Curious Critters the opportunity to photograph/video-record your child may come up. Their pictures/videos may be used for a variety of purposes such as class sites, social media, and advertising. Students names will never be associated with photos/videos/postings.

Please initial next to your choice.

\_\_\_\_\_ **All Media:** Yes, my child may appear in all media, including what is listed above.

\_\_\_\_\_ **Limited Media:** My child may appear in only class sites.

\_\_\_\_\_ **No Media:** My child may no be pictured in any media including classroom sites.

## Developmental Screening

Has your child received a developmental screening or received a recommendation for a developmental screening at this time?

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**

Is yes, please provide a copy of the developmental screening report. This information will help your child's teachers as they strive to support your child in the center and work with your child to be successful.

## Classroom Roster

A classroom roster is created to assist in facilitating communication within the classroom community. Specifically, regarding classroom related activities and for social activities outside of school (such as playdates, and birthday parties). The roster will be given to each parent and posted within the classroom.

Please initial next to your choice.

\_\_\_\_\_ **Phone:** You may include my preferred phone number: \_\_\_\_\_

\_\_\_\_\_ **Email:** You may include my preferred email: \_\_\_\_\_

\_\_\_\_\_ **No Listing:** Please do not include any of my family's contact information.



# Curious Critters Early Learning Center Preschool Registration

## Parent Agreements - Please initial next to each statement below

\_\_\_\_\_ I agree to pick my child up on time at the end of each class and understand that a late pick-up fee of \$5.00 for every 10 minutes late will be applied to my upcoming bill.

\_\_\_\_\_ If I need someone to pick-up my child other than me, I will add that person to my child's Emergency Contacts list. If that person is not on my child Emergency Contact list, I understand that they cannot pick up my child.

\_\_\_\_\_ I understand that Curious Critters ELC will require proof of identity such as a valid Driver's License, to any individual picking up my child other than me.

\_\_\_\_\_ It is important that Curious Critters ELC has current emergency information for my child. I agree to notify the school of any changes that are made during the school year.

\_\_\_\_\_ I understand that Curious Critters ELC reserves the right to cancel the enrollment of a student for non-payment of tuition or other fees, not following the rules of the school as outlines in the Parent Handbook and /or verbal or physical abuse of staff or children by a student or his/her parent or guardian.

\_\_\_\_\_ I agree to read and follow all the policies in the Parent Handbook which is given to be at the time of registration and online at [www.curiouscritterselc.com](http://www.curiouscritterselc.com) under forms and documents.

\_\_\_\_\_ I understand that Curious Critters ELC seeks to monitor the healthy development of all students. Monitoring is done through various methods including observation and assessments of developmental milestones.

\_\_\_\_\_ I understand that the school will seek to communicate any concerns regarding my child's physical, emotional, social behavior and educational development with parents. It is the preschool's goal to partner with parents to build a strong foundation for your child's continued success in and out od the classroom. If a developmental concern arises. teachers may request addition monitoring by a parent at home, by a pediatrician, speech/occupational therapist, developmental specialist, etc.

\_\_\_\_\_ I understand that masks and social distancing are not required within the school but that measures to keep my child safe and healthy are still being done.

**I understand and agree to the terms of this agreement.**

Please Print Name: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



Curious Critters Early Learning Center  
Health and Developmental History

CHILD'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

<b>MEDICAL</b>	
Do you have medical Coverage/Insurance? <b>Insurance Number</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have a doctor that examines him/her regularly?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Dr./Clinic _____ Name of Dr./Clinic _____	
Date of Last Well Child: _____	
Does your child see a Medical Specialist for any reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have allergies? Is he/she under a doctor's care for allergies? (such as food)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is he/she taking any medication on a regular basis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will he/she need to take medication during class hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does he/she have any health conditions that get in the way of everyday activities? (such as seizures, diabetes, asthma, eczema)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your child current on Immunizations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you choose to exempt your child from immunizations?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Please explain any "YES" answers::**

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<b>DENTAL</b>	
Does your child have a dentist?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Dentist/Clinic: _____	
Date of Last Exam: _____	
Does your child use a bottle or sippy cup?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does child have any untreated tooth decay?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Please explain any "YES" answers:**

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Curious Critters Early Learning Center  
Health and Developmental History

VISION/HEARING	
Does your child wear eyeglasses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any concerns about his/her sight?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have tubes in his/her ears?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any concerns about his/her hearing?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain any "YES" answers:

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NUTRITION	
Do you have any concerns about your child's eating patterns?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your child on a special diet?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your child restricted from foods due to religious, vegetarian medical or personal beliefs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have any food allergies or intolerances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child eat dirt, clay or other non-food items?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your child anemic?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have constant digestive issues (constipation/diarrhea)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any concerns concerning your child's growth, nutrition or eating?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please explain any "YES" answers:

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MENTAL/BEHAVIOR HEALTH	
Does your child receive mental health services (counseling or therapy)? <b>IF YES: Provider:</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child receive services for developmental concerns (autism, speech, sensory)? <b>IF YES FOR/WHERE</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have an IEP or IFSP? <b>IF YES FOR</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO



# Curious Critters Early Learning Center Health and Developmental History

Has your child been evaluated or being evaluated for a developmental concern?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your child been diagnosed with a behavioral health concern?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any changes in child's life in last 6 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have any concerns about your child's behavior?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Please explain any "YES" answers:**

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Please Print Name: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_