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: _____

Staff Use Only	**Enrollment Date:**	**Start Date:**	**End Date:**

Revised 03/31/2025

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Session Options (select all that apply)				Monthly Fee
	Registration (one-time fee)			$50.00
	Pre-3	2 Day Class 8:30 AM – 12:00 PM	Tues., Thurs.	$238.00
	Pre-K	3 Day Class 8:30 AM – 12:00 PM	Mon., Wed., Fri.	$357.00

Registration Fee is due at the time of enrollment. Monthly tuition fees are due on the 1st 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.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Authorization for Treatment of a Minor

Please initial

_____ 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 not 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? 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.

_____ **Yes**

_____ **No**

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.

Phone: You may include my preferred phone number: _____

Email: You may include my preferred email: _____

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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 I have access to through Brightwheel and online at 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 of 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 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.: _____

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

Please explain any "YES" answers::

_____
_____
_____
_____

DENTAL	
Does your child have a dentist?	□ YES □ NO
Name of Dentist/Clinic: _____	
Date of Last Exam: _____	
Does your child use a bottle or sippy cup?	□ YES □ NO
Does child have any untreated tooth decay?	□ YES □ NO

Please explain any "YES" answers:

_____
_____
_____
_____

VISION/HEARING

Does your child wear eyeglasses?	□ YES	□ NO
Do you have any concerns about his/her sight?	□ YES	□ NO
Does your child have tubes in his/her ears?	□ YES	□ NO
Do you have any concerns about his/her hearing?	□ YES	□ NO

Please explain any "YES" answers:

_____
_____
_____
_____

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

Please explain any "YES" answers:

_____
_____
_____
_____

MENTAL/BEHAVIOR HEALTH		
Does your child receive mental health services (counseling or therapy)? **IF YES: Provider: _____**	□ YES	□ NO
Does your child receive services for developmental concerns (autism, speech, sensory)? **IF YES FOR/WHERE _____**	□ YES	□ NO
Does your child have an IEP or IFSP? **IF YES FOR _____**	□ YES	□ NO
Has your child been evaluated or being evaluated for a developmental concern?	□ YES	□ NO

Curious Critters Early Learning Center
Health and Developmental History

Has your child been diagnosed with a behavioral health concern?	□ YES □ NO
Any changes in child's life in last 6 months?	□ YES □ NO
Do you have any concerns about your child's behavior?	□ YES □ NO

Please explain any "YES" answers:

_____
_____
_____
_____

Please Print Name: _____

Signature: _____

Date: _____

Please Print Name: _____

Signature: _____

Date: _____