



Little Folk Nursery School
A ministry of United Baptist Church
Registration Form

Start Date: ___/___/___

Term Date ___/___/___

Child's Name: _____

Last

First

Middle

Date of Birth: _____ Gender: _____ Home Telephone: _____

Mo./Day/Yr.

Address: _____

Street

City

Zip

Child lives with Both Parents Mother Father Step Mother Step Father Grandparent
Other _____ # of Brothers _____ # of Sisters _____

Please list siblings' names and ages: _____

For enrollment purposes, what year are you planning on sending your child to Kindergarten: _____

Father's Name: _____

Last

First

Middle

Home Address: _____ Home phone: _____

Email Address: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work phone: _____

Mother's Name: _____

Last

First

Middle

Home Address: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Employer: _____ Occupation: _____ Work phone: _____

In case of an **emergency**, whom should we call (other than parents)?

Name: _____ Relationship: _____

Address: _____ Telephone: _____

Who is allowed to take your child from school other than parents? Please know that a written note will be required before your child will be released.

Name Phone # Relationship to Child

Name Phone # Relationship to Child

Name Phone # Relationship to Child

Please indicate which Preschool Schedule you prefer:

2 Day T-TH Total cost for the school year is \$1550.00. Beginning in September and ending in June, there are 9 monthly payments of \$173.00 due the 1st of each month.

Tuesday/Thursday Session (9-11:30 a.m.) _____

3 Day MWF Total cost for the school year is \$2457.00. Beginning in September and ending in June, there are 9 monthly payments of \$273.00 due the 1st of each month Monday/Wednesday/Friday Session (9-12 p.m.) _____

5 Day MWF 9-12 T-TH 9-11:30 Total cost for the school year is \$3852.00. Beginning in September and ending in June, there are 9 monthly payments of \$428.00 due the 1st of each month Monday - Friday Session (9-12 p.m.) _____

ATTENDANCE

Little Folk Nursery School requires a commitment to the school year calendar from September or from the first day of attendance to June. If you cannot fulfill the commitment for any reason, a 30-day written notice would be needed, and one month's tuition would be due before departure.

FIELD TRIP

I hereby grant permission for my child, _____, to attend and participate in neighborhood walks and field trips while in attendance at Little Folk Nursery School program. A parent or family member is required to attend the off-site field trip unless otherwise arranged by a staff member.

I also understand that I will be notified when field trips are scheduled via the school calendar or newsletter.

Parent/Guardian Signature

Date

Please attach the following:

- A copy of an up-to-date immunization record (can be submitted in August)
- Medical Release Form
- All About Me Form (not needed for returning students)
- A registration fee of \$35 or \$60 if 5 days a week is made payable to Little Folk Nursery School for the regular school year program only.

Please return forms to: Little Folk Nursery School 12 Cross Street, #101 Saco, Maine 04072 (207) 282.4971.

AUTHORIZATION TO SEEK MEDICAL TREATMENT

**Little Folks Nursery School
United Baptist Church Saco, Me 04072**

Medical Information - Please provide a copy of your child's immunization record from your doctors office.

Child's Name Age _____

Parents Name _____

Address _____ Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Child's Physician: _____ Address _____ Phone _____

Child's Hospital: _____ Address _____ Phone _____

Child's Dentist: _____ Address _____ Phone _____

Insurance Provider _____ Policy Number _____

*Please provide a copy of your child's insurance card for our records

Relatives of friends who may be contacted for assistance or information in case of emergency:

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Known allergies ___ None ___ Yes _____
Please list foods or other know allergies

Explain symptoms _____

Treatment _____

Does your child have any medical conditions _____ yes (explain below) _____ No

Are there any medications that are given regularly _____

I, _____, (Mother/Father or Guardian) of _____, age _____, do hereby give my permission and consent to the medical or dental care and/or treatment as the above named child might require while under this school's supervision. Little Folks Nursery School staff may take steps including any or all of the following if they believe an emergency situation exists:

1. Call the child's physician or dentist.
2. Call another physician or dentist.
3. Call an ambulance and have the child taken to the emergency room of a hospital.

In case of emergency, every effort will be made to notify parents and to contact the child's physician immediately. I hereby give my consent in the event of a medical emergency when I cannot be contacted, for the child care staff to obtain whatever treatment may be necessary for _____.

This authorization includes my consent for the above named child receives treatment by a physician or dentist in any hospital emergency department. I agree to pay all of the costs and fees for any emergency medical care or treatment for my child as secured or authorized under this consent.

Signature of Parent or Guardian

Date

All About Me

My name is: _____ Nick name: _____

I live with my _____

My pets names are _____

I am most passionate about? _____

Allergies _____

My favorite book is _____

My favorite thing to do is _____

This is what makes me sad _____

This is how I act when I am tired _____

This is how I act when I am not feeling well _____

This is how I act when I am mad _____

When I am in new surroundings or meet new people I _____

Here are three words to describe me _____

I sometimes struggle with _____

I am very good at _____

I see or have seen a _____ Speech Therapist _____ Occupational Therapist _____ Physical Therapist

Explain:

Little Folk Nursery School



Photo Authorization Form

I hereby authorize Little Folk Nursery School to take pictures of my child _____ for preschool portfolios, school projects, bulletin boards, literature, and or promotions as well as inclusion of photos on the UBC Little Folk Nursery School web page. I will inform Little Folk in the future if I want them to discontinue using my child's picture.

Signature of Parent

Name of Parent (Printed)

Information Release

I hereby authorize Little Folk Nursery School to provide my name, child's name, and contact information to other parents in my child's class. It will be made clear to all parents that this list is to only be used for play dates, birthday parties, etc. and never for solicitation.

Signature of Parent

Name of Parent (Printed)

Date

I have received a copy of the Little Folk Nursery Handbook and have read the handbook and will abide by the rules and requirements of the school and license.

I understand by enrolling my child I am committing to the academic school year and will be responsible for the annual tuition rate. If for any reason I would need to dis-enroll my child from Little Folk, I understand I would need to give a 30 day notice and a one month dis-enrollment fee would be accessed.

Parent Name _____

Date _____

Reporting Child Abuse or Neglect Policy and Procedures

I understand that Little Folk Nursery School staff are mandated reports of suspected child neglect or abuse they would be reported to the Department of Health and Human Services (DHS). The person suspecting the abuse or neglect will document the situation on a mandated reporter's worksheet. They will be the ones to contact the Human Services department.

Staff Communication/Procedures

1. The staff person suspecting the abuse or neglect will notify the other team members as well as the Board of Directors. It will be the Directors responsibility that a report is being made to the DHS.
2. Suspicious neglect or abuse must be handled immediately by the following procedures.
 - a) All observations or signs of abuse will be recorded in a clear, factual, and objective manner as soon as possible by the staff person with the suspicion.
 - b) In compliance with the State the person filling out the Mandated Reporters Sheet will contact DHS immediately by calling Call **1-800-452-1999**.
 - c) The staff member will report to the Director any action taken.

I _____ received and understand the Mandatory Child Abuse or Neglect policy and procedures and will abide by them as noted by the DHS.

Signature _____

Date _____