

STAY N' PLAY
REGISTRATION FORM
2021-2022

___ Preschool

___ SN'P \$50.00/Activity Fee

Admission Date _____

Discharge Date _____

Age of Child on 7/31/21 _____ Preschool Class (if attending) _____

Name of Child _____

Name Child Goes by _____ Parents e-mail address _____

Street Address (City, State, Zip Code) _____

Home Telephone (Area Code) _____

Cell (Area Code) Father _____ Mother _____

Birthplace _____ Birthdate _____

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Other _____

Parent's marital status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed

Father or Guardian's Name _____ Phone (Area Code) _____

Address (City, State, Zip Code) _____

Occupation _____ Employer _____

Hours of Employment from ___ to ___ Phone (Area Code) _____

Business Address (City, State, Zip Code) _____

Mother or Guardian's Name _____ Phone (Area Code) _____

Address (City, State, Zip Code) _____

Occupation _____ Employer _____

Hours of Employment from ___ to ___ Phone (Area Code) _____

Business Address (City, State & Zip Code) _____

Church Affiliation _____

(After trying parents) In case of EMERGENCY list 2 contacts:

Name _____ Relationship _____ Phone (Area Code) _____

Address (Street, City, State, Zip) _____

Name _____ Relationship _____ Phone (Area Code) _____

Address (Street, City, State, Zip) _____

Please list names, relationships, and ages of all brothers, sisters, and other members of your child's usual household _____

Who will regularly pick up child from our Center? _____

Persons authorized to take child from our Center:

Name _____ Home#(area code) _____ Cell # _____ Work # _____

Name child calls them _____

Name _____ Home#(area code) _____ Cell # _____ Work # _____

Name child calls them _____

___ I do give, ___ I do **not** give permission for my child's photograph/video/interview/ project related to school activities and events to be used by the St. Charles Presbyterian Educational & Developmental Center in publications and/or local and social media.

-OVER-

MEDICAL CARE AUTHORIZATION

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

This is to authorize _____
Name of Hospital _____
Phone (Area Code) _____
Address of Hospital _____

to render emergency medical treatment to the minor child named on the front of this form. (Minor child is one under 18 years of age)

Name of Doctor or Clinic _____ Phone(Area code) _____
Date of Last Tetanus Booster, DT or DPT _____
Important Medical History of Child _____

Any Medications the Child Now Takes and Date Begun _____

EMERGENCY:

In case of an emergency (life threatening illness/injury) when the parent or child’s regular physician is unattainable, I give my permission for the nearest private physician or hospital to be utilized.

SIGNED _____ WITNESS _____
(Signature of Parent) (Over 21 years of age)

AGREEMENTS

*Stay N’ Play monthly bills are to be paid in full by the 15th of each month, September through April. May bills will be paid in full by the last day of May. In the event we have to institute collection proceedings, you agree to pay reasonable attorney fees and associated costs.
Parent/Legal Guardian Signature _____

I understand all lunches brought for Stay N’ Play will be kept in the classroom without refrigeration. If forgotten, the Center will provide a lunch that meets nutritional standards for an additional fee.
_____ Parent/Legal Guardian initial

When my child is ill, I understand and agree that my child may not be accepted for care.
_____ Parent/Legal Guardian initial

I have been informed of the required health and safety inspections and that the inspection forms are available for review. _____ Parent/Legal Guardian initial

I have been notified that I may request notice at initial enrollment or anytime there after whether there are children currently enrolled in or attending the facility for whom an immunization exception has been filed. _____ Parent/Legal Guardian Initials

I give permission to include my child in any walking field trips by Stay N’ Play, and planned and accompanied by teachers of the school. I understand at times my child may attend unannounced walks around the Church grounds or neighborhood accompanied by teachers of the school. A notice will be posted informing parents of these walking field trips.

SIGNED _____
Signature Date

How did you hear about our Stay n' Play and Preschool? _____

Who can we thank for referring Stay n’ Play and Preschool to you? _____

