

**PRESCHOOL OF THE ARTS, INC.**  
**Registration Form**  
**FUNCATION – SUMMER 2017**

For Office Use
Date Rec'd _____
Reg. Fee: _____
Ck# _____

School Your Child Will Be Attending: \_\_\_\_\_ Ellington PSA \_\_\_\_\_ Tolland PSA \_\_\_\_\_ Early Beginnings

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Child's Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child Lives With: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_  
 Billing Name (if different) \_\_\_\_\_  
 Billing Address (if different) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 How did you hear about FunCation? \_\_\_\_\_

**CIRCLE THE WEEKS YOU NEED:**

1. June 26-June 30	2. July 3-7 Closed July 4	3. July 10-14	4. July 17-21
5. July 24-28	6. July 31-August 4	7. August 7-11	8. August 14-18
	9. August 21-25 Early Beginnings All Week	9. August 21-23 Tolland and Ellington PSA Only Mon-Wed	

**DAYS AND HOURS REQUESTED:** (Please indicate drop-off and pick-up times below)

Full Day: \_\_\_\_\_ up to 6:45am – 5:45pm (less than 5 days a week)  
 Unlimited Week: \_\_\_\_\_

Mon.	Tues.	Wed.	Thurs.	Fri.

**Names and birth date of other children in the family:**

Name	Date of Birth
_____	_____
_____	_____

**Names and Phone Numbers of persons who may drop off or pick up your child at the preschool:**

**Note:** These people will need to show identification before being allowed to take your child.

Name	Phone
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
 Parent/Guardian Signature Date

**A \$20.00 per child non-refundable registration fee is due with this form.**  
**There is no registration fee for children registered for the 2016-17 or 2017-18 school years.**

### Medical Treatment Form

In the event you cannot be reached, please provide the names and phone numbers of persons who may be called in case of illness or emergency:

Name	Phone	Relationship

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission to have my child, \_\_\_\_\_ receive appropriate medical  
Child's Name  
treatment and/or be taken to the hospital by ambulance in case of an emergency.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

### REQUEST FOR ADDITIONAL INFORMATION

Does your child:

- have any known allergies? (Is there any food that should be restricted in their diet?)
- have any bathroom routines we should be aware of?
- have any medical concerns we should be aware of?

Is there anything else we should we know?

### Walking Permission Form

I give permission for my child, \_\_\_\_\_ to go on walking field trips  
Child's Name

with his/her class. I understand that I will be given details before each trip as to where they are going, why and for how long. I will be informed of the trip at least one day in advance, and I do not need to sign before each one as this form will be acceptable. I understand that each trip will be no more than 1/2 mile from the school and that there will always be at least two adults with the children at all times. If I do not wish my child to go on the field trip, I need to contact the school well in advance, so other arrangements can be made.

If my child is enrolled in Kindergarten, the teacher may take my child on any walking trip near the school at any time the teacher sees fit. These trips need not be planned in advance and the teacher will be in charge of the small class alone. Examples: lunch at the gazebo, walk at Arbor Park, library, hardware store, etc.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**