

PRESCHOOL OF THE ARTS, INC.
Registration Form
FUNCATION – SUMMER 2016

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 27-July1	2. July5-8	3. July11-15	4. July 18-22
5. July 25 -July 29	6. August 1-5	7. August 8-12	8. August 15-19
	9. August 21-26 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 2015-16 or 2016-17 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 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