

**Registration, Medical and Travel Permission Form**  
**MAPLE GROVE PRESCHOOL**  
549 Swan Road Box 480 Atglen, PA 19310 (610) 593-1159

Ck# _____
Cash _____
Amt. _____
<b>Office Use Only</b>

**A non-refundable registration fee of \$65.00 for all classes must accompany this application.**  
Checks are payable to: MAPLE GROVE PRESCHOOL.

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Boy or Girl \_\_\_\_\_  
Parent(s)/Guardian(s) Names \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone Mom \_\_\_\_\_  
Street \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_ Dad \_\_\_\_\_  
E-mail address most often used \_\_\_\_\_

Please check class and fill session preference:

<input type="checkbox"/> Little Bears (age 2 -3)	<input type="checkbox"/> Mon/Wed/Fri (A)	<input type="checkbox"/> Tues/Thu (B)
<input type="checkbox"/> Winkie Bears (age 3-4)	<input type="checkbox"/> Mon/Wed/Fri (A)	<input type="checkbox"/> Tues/Thu (B)
<input type="checkbox"/> Peter Panda Bear (age 4-5)	<input type="checkbox"/> Mon/Wed/Fri (A)	<input type="checkbox"/> Tues/Thu (B)
<input type="checkbox"/> Berenstain Bear (4-6)	<input type="checkbox"/> Mon/Wed/Fri (A)	<input type="checkbox"/> Mon-Fri (5 day)

Please list each person to whom you give permission to transport your child to/from school and his/her relationship to the child.  
\_\_\_\_\_

School District or Private School that your child will most likely attend for kindergarten \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital to be treated at in case of emergency \_\_\_\_\_

Person (other than parent) to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

*I give permission to the staff at Maple Grove Preschool to take the most appropriate steps necessary to obtain emergency medical care.*

Persons in Household:  Father  Mother  Other adults, names \_\_\_\_\_

Other children, names and ages \_\_\_\_\_

Name of Church attending \_\_\_\_\_

List any allergies/dietary restrictions \_\_\_\_\_

List any treatment or medication \_\_\_\_\_

My Child is: Potty trained \_\_\_\_\_ Left-handed \_\_\_\_\_ Right-handed \_\_\_\_\_

Is your child currently receiving early intervention services of any kind? \_\_\_\_\_ yes \_\_\_\_\_ no

Please use the back of this paper to give any additional information for us to better know your child.

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**By signing this registration form I agree to pay the full monthly tuition for the class level chosen unless a tuition assistance agreement is made.**