

**Registration, Medical and Travel Permission Form
MAPLE GROVE PRESCHOOL**

549 Swan Road Box 480 Atglen, PA 19310 (610) 593-1159

Ck# _____
Cash _____
Amt. _____
Office Use Only

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 (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 Bears (age 4-5)	<input type="checkbox"/> Mon/Wed/Fri (A)	<input type="checkbox"/> Tues/Thu (B)
<input type="checkbox"/> Berenstain Bears (4-6)	<input type="checkbox"/> Mon/Wed/Fri (A)	

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.