

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 \$70.00 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:

___ Little Bears (age 2 -3) _____ Tues/Thu (B)
___ Winkie Bears (age 3-4) _____ Mon/Wed/Fri (A) _____ Tues/Thu (B)
___ Peter Panda Bears (age 4-5) _____ Mon/Wed/Fri (A) _____ Tues/Thu (B)

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.