



# A+ Preschool<sup>1</sup> 2008 - 2009 Registration Forms

REVISED 2/20/08

My child is enrolled in (Please check) \_\_\_\_\_ Tahoe State Preschool  
\_\_\_\_\_ Tahoe Community Nursery School \_\_\_\_\_ A+ Preschool only  
(Immunization records must be submitted with the registration forms)

Child's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

P.O. Box \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

If you would **NOT** like to receive your A+ invoice by email, please check here: \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Father's Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name, address, and phone number of person who would assume responsibility for your child in an emergency.  
This will be used only when we are unable to get in touch with you.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Are there any medical problems or allergies that we should be made aware of? If yes, please list:

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

The undersigned parent(s)/guardian(s) having legal custody or control of a minor, grant emergency permission for any emergency treatment and hospital services that may be rendered to said minor under the general or specific direction of Dr. \_\_\_\_\_ or any hospital emergency department physician.

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

If the parents are divorced, is there joint custody of the child?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please include the name and phone number of the other parent.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Do both parents have the authority to pick up the child?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If not, A+ needs to have a copy of the pertinent court documents on file.**

**NOTE: PROBLEMS BETWEEN EX-SPOUSES ARE NOT THE RESPONSIBILITY OF A+. IT IS THE PARENTS' RESPONSIBILITY TO COMMUNICATE WITH ONE ANOTHER. WE WILL NOT BE PUT IN THE MIDDLE. FAILURE TO RESOLVE COMMUNICATION PROBLEMS WILL RESULT IN TERMINATION OF SERVICES WITH NO REFUND. THIS INCLUDES PAYMENT FOR CHILDCARE!**

Other pertinent information:

## A+ TRANSPORTATION AGREEMENT

### Arrival-

I agree that my child \_\_\_\_\_ is to be picked up by the A+ van.  
(child's name)

### Departure-

\_\_\_\_\_ Be picked up by parent or designated adult

Please list names and phone numbers of any designated adults allowed to pick-up your child.

## ADMISSION AGREEMENT

I have read all A+ Preschool policies, procedures, and financial agreements listed in the Parent Handbook and Admission policies, and I agree to abide by the stated policies. They are listed below:

- Description of basic services offered
- Description of optional services offered
- Payment provisions
- Modification conditions
- Refund policy
- Rights of licensing agency
- Reasons for termination

Parent Signature \_\_\_\_\_

Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

