



Names and ages of brothers & sisters: \_\_\_\_\_

Food or Insect Allergies? Please list any \_\_\_\_\_  
(**Medicine Allergies** are to be listed on the Emergency Medical Release - **not on this form**)

Has your child been diagnosed with a medical condition, developmental delay or any other condition that requires special consideration at school? Yes or No

If you answer yes, the program director will contact you privately to discuss your child's needs/accommodations at school.

Is your child currently receiving speech, physical, behavioral or occupational therapy, or does your child have an IEP or service plan? \_\_\_\_\_

Do we have your permission to include your address and phone number in a school or class directory? \_\_\_\_\_

What church are you an active member of? \_\_\_\_\_

What do you want your child to gain by coming to our program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please initial each of the following statements:**

\_\_\_\_\_ Registration and supply fees are non-refundable and are due at the time of registration.

\_\_\_\_\_ I understand that monthly tuition is a yearly total and is divided into 10 equal payments, collected the first day of each month August 2012-May 2013.

\_\_\_\_\_ All children in the 3 year old classes and older must be potty-trained. This means working towards self-sufficiency and no "pull-ups."

Signature \_\_\_\_\_ Date \_\_\_\_\_