

## Caledonia Area Community Education Hand in Hand Preschool/Surround Care Program Registration

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Enrollment is not guaranteed until the following:**

- Enrollment forms are filled out completely per child
  - \$28 registration fee is paid per child
  - \$35 supply fee is paid per child (preK only)
- You receive confirmation from Gretchen Juan

Program	Ages	Hours	Tuition	Select One
3K- Full Day	Must be 3 by September 1st, 2024  *Must be potty trained	PreK Class Time: 8:00am-3:00pm	PreK Class Only: \$150/week	
3K- Half Day  *Must be picked up at 12pm. No option for care after 12pm	Must be 3 by September 1st, 2024  *Must be potty trained	PreK Class Time: 8:00am-12:00pm	PreK Class Only: \$85/week	
4K- Full Day	Must be 4 by September 1st, 2024  *Must be potty trained	PreK Class Time: 8:00am-3:00pm	PreK Class Only: \$150/week	
4K- Half Day  *Must be picked up at 12pm. No option for care after 12pm	Must be 4 by September 1st, 2024  *Must be potty trained	PreK Class Time: 8:00am-12:00pm	PreK Class Only: \$85/week	

## Child Care Enrollment Form

### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Female Male  
(First, Middle, Last)

### PARENT INFORMATION

Parent 1 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Does the child reside at this location? Yes No

Parent 2 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Does the child reside at this location? Yes No

**EMERGENCY CONTACTS:** The persons to be notified in an emergency when parents can not be reached, who are authorized to pick up the child or accept the child if dropped off

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

**AUTHORIZED PERSONS:** Persons, other than parents and emergency contacts, who are authorized to pick up the child or accept the child if dropped off

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

**HEALTH INFORMATION**

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Facility Name and Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dental Facility and Address: \_\_\_\_\_

**Medication:**

My child takes medication on either a scheduled or as-needed basis: Yes No

If yes, please fill out below:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_ Time it needs to be given: \_\_\_\_\_

**Allergies:**

My child has an allergy we are aware of: Yes No

If yes please fill out below:

Allergy: \_\_\_\_\_ What to avoid: \_\_\_\_\_

Response system if needed: \_\_\_\_\_

**Special Medical Condition:**

My child has another special medical condition (asthma, special dietary requirement, etc.): Yes No

If yes please fill out below:

Special Health Need: \_\_\_\_\_

Triggers that may cause problems: \_\_\_\_\_

Signs or symptoms to watch for (be specific): \_\_\_\_\_

Steps the child care provider should follow: \_\_\_\_\_

When to call parents: \_\_\_\_\_

When emergency care is needed: \_\_\_\_\_

**\*I would like information about the Pathways scholarship for the 24-25 school year** Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION, ACKNOWLEDGMENTS, and RELEASE OF INFORMATION**

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

\_\_\_\_ I give the center permission to take my child on supervised walks off the center premises.

\_\_\_\_ I understand that the center may discontinue care of my child if he/she does not adjust to the program.

\_\_\_\_ I hereby give consent for the exchanges of information between employees of Hand in Hand PreK and Caledonia Area Public School District whenever such exchange would better enable either party to meet the needs of my child. Personal information is not released to persons outside of Hand in Hand PreK aside from the Department of Human Services Licensing Division and the public school district in which you reside, unless we have your written approval or except as required under applicable law or pursuant to court order, subpoena, or other legal requirement.

\_\_\_\_ I give permission to allow my child's photo to be taken for public use, such as Facebook, a newspaper article, or brochures, regarding Hand in Hand PreK.

\_\_\_\_ The Caledonia Area Public School District does not provide any type of health or accident insurance for illness or injuries incurred by your child while attending Hand in Hand PreK. By signing below, I acknowledge that we have adequate insurance to protect our son(s)/daughter(s) in case of an accident.

\_\_\_\_ In consideration of my child being permitted to participate in Hand in Hand PreK, I agree to release, hold harmless and indemnify Hand in Hand PreK, its employees, and all other organizations, of whatever connection and all claims, demands, costs, losses, and expenses which I, my heirs, and personal representatives may have arising out of his/her participation in Hand in Hand PreK or through the use of any and all facility connected herewith. I understand that every possible precaution will be exercised to assure the safety and welfare of my child. I also understand that Hand in Hand PreK and its authorized representatives shall not be responsible, financially or otherwise, should an accident occur.

\_\_\_\_ I hereby give permission for my child to receive emergency treatment (First Aid and CPR) by any of the qualified staff members at Hand in Hand PreK. I also give permission for the staff to act in the case of an emergency, or when a parent cannot be reached or is delayed. I give permission for my child to be transported by ambulance, aid care or staff vehicle to an emergency center for treatment. In an event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedure to be performed for the child by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health. In case of an emergency, I agree to pay all costs of transportation and medical costs.

\_\_\_\_ I recognize my responsibility to respect the rules of Hand in Hand PreK. I also recognize my responsibility to help my child respect the rules in order to better provide a positive experience for all program participants. I agree to be responsible for knowing the contents of the parent handbook, to pay the agreed upon tuition contract, and to share responsibility for damages my child may cause while participating in Hand in Hand PreK.

**Parent Printed Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_