

GOOD SHEPHERD CREATIVE PLAY
112 NORTH MAIN STREET
PEARL RIVER, NY 10965
www.goodshepherdcreativeplay.com
845-735-2737

OFFICE USE ONLY

DATE REGISTRATION RECEIVED _____ CK # _____

BIRTH CERTIFICATE ON FILE _____ ALLERGY FORM _____

ENROLLMENT AGREEMENT SIGNED _____

4 YEAR OLD PROGRAM REGISTRATION FORM

Please check the appropriate box that best describes your family:

Alumni

Church Member

New Member

Are you applying to UPK? YES NO (please circle one)

Do you have more than one child applying to a Creative Play program this year? [] Yes [] No

We will do our best, but please be aware that we may not be able to honor your first request do to
classroom size and availability at the time of your application remittance.

You will be notified of placement after CCRR notifies us of the UPK (Universal Pre-Kindergarten) placements.

CHECK PROGRAM PREFERRED:

3 day (MON./WED./FRI.) MORNING class 9:30 – 12:00 _____

5 day (MON.-FRI.) MORNING class 9:00 – 12:00 _____

5 day (MON.-FRI.) AFTERNOON class 12:30 – 3:00 _____

Child's Last Name: _____ **Child's First Name:** _____

Name child prefers to be called: _____ **Gender:** _____

Child's Date of Birth (month/day/year): _____

Child's address:

Street _____

City _____ **State** _____ **Zip Code** _____

Primary phone #: _____

Primary E-Mail Address: _____

Parent/Guardian Information

Parent/Guardian Information

Name (First/Last): _____

Name (First/Last): _____

Cell Phone: _____

Cell Phone: _____

Occupation: _____

Occupation: _____

Employed By: _____

Employed By: _____

Work Address: _____

Work Address: _____

Work Tel. #: _____

Work Tel. #: _____

Work hours: _____

Work hours: _____

EMERGENCY CONTACT INFORMATION: *Must be different than the parents/guardian information

If parent(s)/guardian cannot be contacted, notify: (We MUST have this information on file)

Primary Emergency Contact:

Name: _____ Tel. #: _____

Relationship to child: _____

Secondary Emergency Contact:

Name: _____ Tel. #: _____

Relationship to child: _____

PHYSICIAN INFORMATION:

Child's physician: _____ Tel. #: _____

I _____ as parent/guardian of _____
(Print name) (Print child's name)

Hereby give permission for a hospital/doctor/EMS tech. to administer first aid to my child in the case of an emergency in the event that I cannot be contacted. I will allow the officers of Good Shepherd Creative Play and the hospital to exercise professional judgment for the care and treatment of my child.

Parent/Guardian Signature

Date

Does your child have any allergies or medical issues we need to be aware of? If yes, please list and explain: _____

PHOTO PERMISSION:

We at Good Shepherd Creative Play would like to capture some of the happy memories and experiences your children will have with us during class time. Therefore, we wanted to inform you of Creative Play's Student Picture Usage Policy. As part of the ongoing recording of Creative Play programs we will take photographs of the children during their play. All photographs of children will be taken and used in accordance with the schools policy, which requires our staff to exercise professional judgement regarding the suitability of images and their use. These photos may be used on the schools website and or our social media page. No names or other identification will be used.

Please sign below to give or not to give permission to have your child included in these pictures:

I **give** permission for my child's picture to be taken

I **do not** give permission for my child's picture to be taken

Parent/Guardian Signature

Date

Child's Primary Residence:

Mother ___ **Father** ___ **Both** ___ **Guardian** ___

List the family members your child lives with—include names and ages of siblings: _____

Did any of your children previously or currently attend Creative Play? If yes, whom?

Has your child had any previous group or pre-school experience? If so, where & when:

Has your child been in an early intervention program? If so, where, when and for what services:

Please list anything about your child's living situation which might be important to our understanding of the child (ex. ill or handicapped parent or sibling, foreign language spoken in the home, other siblings who do not live in the same household, etc.):

If you are requesting a session for a specific time due to special circumstances (Ex. work, bus, babysitter), please write an explanation for your need in the below space. Writing a request will not guarantee the spot requested but will help us in planning.
