

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

OFFICE USE ONLY

DATE REGISTRATION RECEIVED _____ CK # _____

BIRTH CERTIFICATE ON FILE _____ ALLERGY FORM _____

ENROLLMENT AGREEMENT SIGNED _____

UNIVERSAL PRE-KINDERGARTEN REGISTRATION FORM

Please check the appropriate box that best describes your family:

Alumni

New Member

Child's School District: _____

Programs offered 5 Day A.M. MON. – FRI. 9:00 – 11:30

for your information: 5 Day P.M. MON. – FRI. 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 judgment 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.
