

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 \_\_\_\_\_

**3 YEAR OLD PROGRAM REGISTRATION FORM**

Please check the appropriate box that best describes your family:

Alumni

Church Member

New Member

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.

**CHECK PROGRAM PREFERRED:**

2 day (TUES. & THURS.) MORNING class 9:30 – 12:00 \_\_\_\_\_

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

3 day (MON./WED./FRI.) AFTERNOON class 1:00 – 3:30 \_\_\_\_\_

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

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:

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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.):

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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.

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