



## REGISTRATION FORM

DATE OF ENROLLMENT \_\_\_\_\_ \$25 Registration fee pd \_\_\_\_

Program : MWF am \_\_\_\_ TuTh am \_\_\_\_

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age as of September: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Parents Marital Status:      Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ **Address** \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ **Address** \_\_\_\_\_ Business

Phone: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Sibling(s) and Ages

Others at Home

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accepting enrollments, preference will be given to (1) continuing members until open registration, and (2) new members in order of application date. If necessary, a waiting list will be kept.

Financial assistance is available, if interested please place an "X" in this line:\_\_\_\_\_.

### EMERGENCY INFORMATION

Child's Physician: \_\_\_\_\_ Phone:\_\_\_\_\_

Physician's Address: \_\_\_\_\_ Child's

Dentist:\_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Parent's Health Insurance:\_\_\_\_\_ Policy Number:\_\_\_\_\_

Allergies: \_\_\_\_\_ Diet Restrictions: \_\_\_\_\_

Is your child in someone else's care (other than a parent) before or after school?

\_\_\_\_\_If yes, please list the name and phone:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you wish to authorize the teachers to initiate emergency medical care if neither you nor your emergency numbers are available? **YES**\_\_\_\_\_ **NO**\_\_\_\_\_. Emergency care would be to transport your child to Charlotte Hungerford Hospital.

Persons authorized to pick up your child other than parents:

Name:\_\_\_\_\_

Name:\_\_\_\_\_

Name:\_\_\_\_\_

## **FINANCIAL AGREEMENT**

The Monthly tuition is payable in full on the first of every month. If a child is admitted to class prior to or on the first of the month, that entire month's tuition is due at entry. If a child is admitted after the 15<sup>th</sup>, one-half of the month's tuition is due at entry.

Tuition is considered late after the 10<sup>th</sup> day of the month. A \$5.00 fee will be added to your tuition beginning on the 11<sup>th</sup> day. Also a 1.5% interest rate will accrue after 30 days on any unpaid balance. A mandatory \$25.00 fee for ANY returned check. PVCC will NOT redeposit checks. A new check needs to be left in the tuition box and when it clears the returned check will be given to you.

If tuition is not paid in full before the next month, the child will not be allowed to attend the Center. Special consideration can be made by the Board of Directors on an as needed basis. This request should be made by the child's parent/guardian in writing. The child will be allowed to return to the Center as soon as the conditions made and agreed upon by all interested parties are rectified.

Fifteen days' notice must be given to the Board of Directors in writing if a parent/guardian intends to withdraw a child, otherwise, the one month's tuition will be forfeited unless the vacancy can be filled within 4 school days. After fifteen days, pre-paid tuition will be refunded only if the withdrawal occurs prior to the last six weeks of the Center's school year. Any check for refunded tuition will be made at the end of a six week waiting period.

All checks should be made payable to: The Pleasant Valley Children's Center or PVCC and should be dropped in the tuition box in the school or mailed to: The Pleasant Valley Children's Center, P.O.Box 132, Pleasant Valley CT 06063-0132

### **Monthly Tuition rates:**

Mon-Wed-Fri 9-12 - \$200monthly; with extended day till 2 pm on Fridays \$230

Tu-Th 9:00-11:30- \$150 monthly

The non-refundable registration fee of \$25.00 is payable upon application. (No registration fee will be required for children enrolling in our program if they registered on or after 12/31, of any given year).

I have read and fully understand the terms outlined in this agreement

**Parent signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### Release Authorization

1. I give permission for my child \_\_\_\_\_ to go on walking field trips with The Pleasant Valley Children's Center.

Signed: \_\_\_\_\_

2. I give permission for my child \_\_\_\_\_ to go on field trips in an authorized vehicle with The Pleasant Valley Children's Center.

Signed: \_\_\_\_\_

3. I give permission for my child \_\_\_\_\_ to be photographed or video taped during normal classroom activities and/or for special occasions during the course of the school year, for use on the PVCC website and social media accounts.

Signed: \_\_\_\_\_

4. I hereby grant permission for my child's medical records to be forwarded, upon request, to the school system that he/she will attend.

Signed: \_\_\_\_\_

5. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident. I hereby authorize trained staff to administer First Aid and/or CPR to my child when needed. I hereby authorize The Pleasant Valley Children's Center to take my child to Charlotte Hungerford Hospital. Any expenses incurred will be borne to the child's family.

Signed: \_\_\_\_\_

**\*\* I would like to be included in the Class List with my name, address and phone number listed to be distributed to both classes? Yes or No.**

**\*\* I would like to be included in PVCC's E-Mail distribution list? Yes or No.**

If UNABLE to contact parents, whom should we contact to pick up your child:

**\*\*\*We Must Have 3 Names in Order to Meet State Requirements.\*\*\***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be released to the contact listed above. Signed: \_\_\_\_\_

### Hearing

Has your child had any ear/hearing examinations or treatments? \_\_\_\_\_ When?

\_\_\_\_\_ Results: \_\_\_\_\_

Do you have any concerns about your child's hearing? If yes, please explain

### VISION

Has your child ever had a vision examination or treatment? \_\_\_\_\_

When? \_\_\_\_\_ Results: \_\_\_\_\_

Do you have any concerns about your child's sight? If yes, please explain.

### SPEECH

At what age did your child first begin to speak? \_\_\_\_\_

Does your child: (please circle the best answer)

Talk a lot?	YES	NO
Seem to speak as well as other children the same age?	YES	NO
Speak so you can understand him/her?	YES	NO
Speak so other adults can understand him/her?	YES	NO
Speak so other children can understand him/her?	YES	NO

### PHYSICAL DEVELOPMENT

At what age did your child start crawling? \_\_\_\_\_, walking? \_\_\_\_\_

Do you have any concerns about your child's motor control or development?

Was there anything unusual about the pregnancy with your child? If yes, please explain:

Has your child ever been hospitalized or seriously injured? If yes, please explain:

Does your child have any special fears? (Dogs, Darkness, Etc.)

Has your child ever been to nursery school or a day care center? If yes, please describe.

What are your child's favorite games and toys?

Does your child spend time with other children? Please describe what your child does when playing with children.

What does your child do when s/he is excited/angry/frustrated or has to wait for something?  
How does s/he show her/his feelings?

What does your child do when trying to figure out how to do something and the first thing tried doesn't work?

How does your child respond when s/he has a chance to explore new things or try something new?

Does your child make plans for what s/he is going to do?

How do you help your child calm down when /she is upset, frustrated or disappointed?

What are your goals for your child's experience in this pre-school program?

Do you have any special concerns about your child?

Is there any other information that will help us understand your child?

Thank you for taking the time to answer these questions. It will help us to develop a better understanding of your child and his/her special needs. Please feel free to discuss your concerns with us.

As a parent co-op we rely on families to participate in supporting our program in many ways. We are asking families to commit to supporting our program in at least one of the following ways:

Please mark of which way(s) you will help:

- Serve on the Board of Directors
- Serve on the Buildings and Grounds Committee
- Serve on the Fund-Raising committee
- Serve of the Annual Golf Tournament Committee

