



# Medford Methodist Pre-Kindergarten School

A Nurturing Environment Where Play and Learning Go Hand-in-Hand.

OFFICE USE ONLY	
_____	Date Received
_____	Fee Received
_____	Session Assigned

## STUDENT REGISTRATION FORM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

Other Nursery School Experience: \_\_\_\_\_

Brothers and Sisters Names and Ages: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone: \_\_\_\_\_

STUDENT'S HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ CELL PHONE: \_\_\_\_\_

\*Email address \_\_\_\_\_ Please indicate preferred phone # with an \*

### **BASIC REQUIREMENTS FOR OUR PROGRAM:**

1. Child must reach required age by October 1.
2. Child must be fully toilet trained.

**PROGRAM CHOICES:** Please indicate choice of enrollment below.

**TODDLER/PARENT** (18 Mo.-21/2 years old) \_\_\_\_\_ 9:00 – 10:30 a.m. W

**TOTS** (2 ½ YRS. OLD) \_\_\_\_\_ 9:00 – 12:00 W&F

\_\_\_\_\_ 9:00 – 12:00 T & Th

**NURSERY SCHOOL** (3 YRS. OLD) \_\_\_\_\_ 9:00 – 12:00 T&Th

Optional third day \_\_\_\_\_ 9:00 – 12:00 M

**PRE-KINDERGARTEN** (4 YRS. OLD) \_\_\_\_\_ 9:00 – 12:00 M, W & F

Optional fourth day \_\_\_\_\_ 9:00- 12:00 T

**TRANSITIONAL KINDERGARTEN** \_\_\_\_\_ 9:00 – 12:00 M - F

### **ENRICHMENT CLUBS:**

Pre-k/T-k Explorer's Club \_\_\_\_\_ 1:00-3:00 M

Nursery Explorer's Club \_\_\_\_\_ 1:00-3:00 Th

Art/Maker Club \_\_\_\_\_ 1:00-3:00 T

Skill Builder's Club \_\_\_\_\_ 1:00-3:00 W

**EXTENDED DAY OPTION – Please circle the days and then the times you will be using.**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
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**8:00 am early drop off**

**9:00-2:00**

**9:00-4:00**

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## STUDENT REGISTRATION QUESTIONNAIRE

Is your child able to take part in all phases of nursery school activities? \_\_\_\_\_

Please list any physical conditions, i.e. allergies, susceptibilities to cold, sore throats, etc. (You will receive a health form listing state immunization requirements. This form must be filled out by your family doctor and submitted to our office prior to September.) \_\_\_\_\_

Other information you feel would be helpful in understanding your child. (Developmental history, pets, friends, routines, likes, dislikes, etc.) \_\_\_\_\_

Reasons for desiring your child's enrollment in a pre-school program: \_\_\_\_\_

Who may pick up your child from school? Be sure to include both parents if applicable as well as your emergency contact. (Please notify us of changes as soon as possible.)

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## EMERGENCY CONTACTS

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list a neighbor or friend who may assume responsibility for your child, in case there is an emergency and we cannot reach you.

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



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## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

PARENT(S) NAME: \_\_\_\_\_

Parent(s) Address: \_\_\_\_\_

### CHILD'S MEDICAL INFORMATION

Medical Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medicine(s) Child is Taking: \_\_\_\_\_

Medicine(s) Child is Allergic To: \_\_\_\_\_

Child's Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference If Choice Is Given: \_\_\_\_\_

### CHILD'S INSURANCE

Company/HMO: \_\_\_\_\_

Group Number: \_\_\_\_\_ Identification Number: \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director or director's designee to obtain emergency treatment for my (our) child. I (we) consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision on a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's health care provider will be contacted.
3. We will attempt to contact the parent/guardian through all of the emergency persons listed on the child's application form.
4. If we cannot contact parent/guardian or your child's health care provider, we will do any or all of the following:
  - a. Call for emergency first aid assistance/transportation.
  - b. Call another health care provider.
  - c. Have the child transported to an emergency hospital in the company of a staff member.

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

Date of Signature: \_\_\_\_\_ Date Permission Terminated: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**GENERAL FIELD TRIP RELEASE FORM  
(Specific permission will be sought for each separate field trip.)**

Field trips are a regular and carefully supervised part of our program. Parents provide our only source of transportation. Field trips are limited to enrolled Medford Methodist Pre-Kindergarten School children only.

In the past, we have visited apple orchards, pumpkin farms, dairy farms, and the fire station. These may change on a yearly basis. At this time, please sign the following permission slip so that we know your child may participate in our complete program. Specific permission slips will be sent as the trip occurs in our programs. Please remember throughout the year that these slips must be signed and returned or your child will be not be allowed to accompany us.

I hereby give my permission for my child to go on planned field trips beyond the school property, with adequate adult supervision. I assume full responsibility for all normal risks involved.

\_\_\_\_\_  
CHILD'S NAME

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

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Please mail this completed packet, plus a \$50.00 Registration Fee to:

**MEDFORD METHODIST PRE-KINDERGARTEN SCHOOL  
2 HARTFORD ROAD  
MEDFORD, NJ 08055**

**ATTN: MRS. LLOYD, DIRECTOR**

Please make checks payable to MEDFORD METHODIST PRE-KINDERGARTEN SCHOOL, and note that the registration fee is not applicable to tuition and is not refundable. To assure your child's acceptance, we suggest that you return the form and fee promptly. **NO PLACE IS HELD WITHOUT THIS FORM AND FEE BEING RETURNED AND ACCEPTED.** You will be notified if you are placed on a waiting list.