



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

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.

Monday Tuesday Wednesday Thursday Friday

8:00 am early drop off

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

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.