

HARRISON PRESBYTERIAN PRESCHOOL

231 Park Avenue - PO Box 227

Harrison NY 10528

Phone: (914) 835-0055

e-mail: office@harrisonpres.org - www.harrisonpresnursery.com

REGISTRATION FOR 2010-2011 SCHOOL YEAR

Child's Name: _____ Birth Date: _____

Name or nickname by which child is familiarly called: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

_____ Phone No.: _____ Cell: _____

Church Affiliation: _____

Other children in Family:

Name: _____ Age: _____

Name: _____ Age: _____

Family Doctor: _____ Phone: _____

**IF CHILD IS TO BE RETURNED HOME FOR ANY REASON AND
NO ONE IS THERE, WITH WHOM MAY WE GET IN TOUCH?**

Name: _____ Phone No: _____

Please check one:

- Children ages **2 years 7 months** and up by September 1st are welcome to our 3 year old program

____ 3 year old (two mornings) ____ 4 year old (three mornings)

____ 3 year old (three mornings) ____ 4 year old (four mornings)

____ 3 year old (four mornings) ____ 4 year old (five mornings)

____ 3 year old (five mornings)

NOTE: SHOULD THIS APPLICATION BE ACCEPTED, IT IS UNDERSTOOD THAT THE PARENT IS RESPONSIBLE FOR THE FULL YEAR'S (10 MONTHS) TUITION.

\$100.00 NON-REFUNDABLE REGISTRATION AND MATERIALS FEE MUST ACCOMPANY THIS APPLICATION.

OUR PART: We will provide a program for the child designed to further his or her growth and development and will exercise due care for his or her welfare.

YOUR PART: On admission of my child, I shall cooperate with the work and hereby release the Harrison Presbyterian Church Preschool or any of its agents from liability. (We do have insurance, of course). It is understood that enrollment of my child is for the full year and no refunds will be made for absences

Signature of Parent: _____

HARRISON PRESBYTERIAN PRESCHOOL

231 Park Avenue

PO Box 227

Harrison NY 10528

Phone: (914) 835-0055

e-mail: office@harrisonpres.org

www.harrisonpresnursery.com

Date _____

CHILD'S DEVELOPMENTAL HISTORY

Child's Full Name _____ Birth Date _____

Home Address _____
street city zip

Home Telephone (____) _____

Name and ages of siblings _____ Age _____
_____ Age _____

EATING HABITS

Please describe your child's appetite _____

Does your child have allergies? _____ If yes, please describe _____

Please tell us your child's favorite foods _____

Does your child eat dinner
() alone () with family () with sibling () with sitter

SLEEPING HABITS

What time does your child go to bed? _____ Wake up? _____

Does your child take a nap? Yes___ No___ Regularly? Yes___ No___ For how long? _____

Does your child have his/her own room? Yes___ No___ Is bed time a regular routine? Yes___ No___

Does your child () comply () resist at bed time.

SPEECH

Does your child speak clearly? Yes___ No___ Is your child's vocabulary large? Yes___ No___

Are other languages spoken in the house? Yes___ No___ If yes, please list _____

DISCIPLINE

Describe your child's response to directives _____

If your child does not comply after repeated requests, what consequences result from the non-compliance?

Do all members of the family agree on methods of discipline or are there different standards with
Mother _____ Father _____ Grandparents _____ Sitter _____ Other _____

Does your child have temper tantrums? _____. If yes, please describe what occurs _____

What is something your child does not like to do? _____

SOCIAL

Has your child ever been separated from you during the day on a regular basis? Yes ____ No ____

What are your child's favorite play items? _____

Can you please tell us your marital status: () married () single () widow/er
() divorced () separated

Are there step-children in your child's life? _____

Does your child watch television? Yes ____ No ____ How many hours daily? _____

Which shows? _____

Does your child have any habits? (nail biting, thumb sucking) _____

Describe what you do to comfort your child when he/she is distressed _____

What are your child's favorite activities? _____

Please describe your child's personality? _____

If your child should unfortunately have difficulties at school, how do you prefer to be approached and informed?

HARRISON PRESBYTERIAN PRESCHOOL

231 Park Avenue
PO Box 227
Harrison NY 10528
Phone: (914) 835-0055
e-mail: office@harrisonpres.org
www.harrisonpresnursery.com

CHILD PICK UP FORM

My Child _____
(full name)

may be picked up from school by:

Parents _____
(name) (telephone number)

Sitter _____
(name) (telephone number)

Au pair _____
(name) (telephone number)

Other _____
(name) (telephone number)

(Please include anyone you might call if there is an emergency pick up needed, such as another parent in school, a friend, or neighbor.)

Signed _____

**WE WILL NOT ALLOW A CHILD TO LEAVE WITH ANY PERSON
NOT ON THIS LIST UNLESS YOU HAVE PROVIDED
A SEPARATE SIGNED NOTE OR PHONE CALL.**

Please inform these people that you have listed them with us.

HARRISON PRESBYTERIAN PRESCHOOL

231 Park Avenue - PO Box 227

Harrison NY 10528

Phone: (914) 835-0055

e-mail: office@harrisonpres.org

www.harrisonpresnursery.com

MEDICAL FORM

to be filled out by licensed physician

All children must be fully immunized and Medical Form must be returned completed by the first day of school

Child's Name _____ Age _____

Address _____

Mental growth and development () normal () abnormal

Physical growth and development () normal () abnormal

Do you recommend child for complete normal school activities? _____

Any conditions requiring special attention? _____

PHYSICAL EXAMINATION (leave blank if normal)

Skin _____ Allergies _____

Vision _____

Hearing _____

Nose _____

Heart _____ Is special diet required? _____

Lungs _____

Teeth _____

When is next physical required? _____

Is medication regularly taken? _____

If yes, specify drug and condition _____

DATES OF IMMUNIZATION:

Initial

Booster

Polio Vac - 3 or more _____

Mumps Vac _____

Rubella Vac _____

Measles Vac _____

DPT 3 or more _____

Tine Test _____

HIB Vac _____

HEP B 3 Doses _____

Varicella _____

(Physician's signature)

(Parent's signature)