

Metamora Community Preschool

Registration Form

Please print clearly w/blue or black ink.

Child's Full Name _____ Birth Date _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Nickname _____

Parent/Legal Guardian _____

Mother's Full Name _____ Cell Phone _____

Address and Phone Number (if different than child's)

Occupation _____ Work Phone _____

Employer _____ Work Hours _____

Business Address _____

Email _____

Father's Full Name _____ Cell Phone _____

Address and Phone Number (if different than child's)

Occupation _____ Work Phone _____

Employer _____ Work Hours _____

Business Address _____

Email _____

Metamora Community Preschool-Registration Form

Other Household Members

Name_____Age_____Relationship_____

Name_____Age_____Relationship_____

Name_____Age_____Relationship_____

Name_____Age_____Relationship_____

Name_____Age_____Relationship_____

Name_____Age_____Relationship_____

Emergency Information

Child's Physician_____Phone_____

Preferred Hospital_____Regular Medications_____

Prescription Allergies_____

Food Allergies_____

Additional Allergies_____

Speech/hearing Difficulties_____

Special Health Conditions/Concerns_____

Consent to Emergency First Aid

I (we) hereby give permission that my child, _____,
may be give emergency treatment by a staff member at Metamora
Community Preschool. I (we) also give permission for my child to be transported
by ambulance to an emergency center for treatment and agree to hold
Metamora Community Preschool and its staff, Board of Directors and the
Metamora Christian Union Church harmless.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Liability Release

I (we) the parents of _____ hereby give my (our) approval to his/her participation in the Metamora Community Preschool.

I (we) assume all risks and hazards incidental to such participation and release, absolve and indemnify and agree to hold harmless the Metamora Community Preschool, its staff, Board of Directors and the Metamora Christian Union Church.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Emergency Contacts

(Within a 20-mile radius of preschool other than parent or guardian)

Primary Emergency Contact _____

Relationship to Child _____

Home Phone _____ Work _____ Cell _____

During your child's hours at preschool will the person be at (circle one)

AT HOME or AT WORK?

Secondary Emergency Contact _____

Relationship to Child _____

Home Phone _____ Work _____ Cell _____

During your child's hours at preschool will the person be at (circle one)

AT HOME or AT WORK?

Adults authorized to pick my child up (besides parents, guardians and emergency contacts)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Dismissal Policy

Dismissal at MCP is at 11:00 a.m (T/Th) 11:15 (MWF) a.m. The following is set forth by MCP and Illinois Department of Children and Family Services-

- Five minutes late-staff will begin to call parents as soon as possible after all other students are dismissed.
- If parents cannot be reached, emergency contacts and 'permission to pick up' contacts will be called.
- If staff is unable to contact anyone on the emergency or 'permission to pick up' to pick up the student, MCP is obligated by the standards set by Illinois DCFS licensing & standards to contact DCFS or the police
- Staff will be responsible until a parent, emergency, 'permission to pick up' person or the authorities arrive. Staff will not discuss circumstances of late pick up with the student unless directed by the parent.

Late Fees

- Late pick up from 11:06-11:15 or 11:21-11:30 will result in a **five-dollar** late fee.
- After 11:15 (TTh) or 11:30 (MWF), each additional five minutes late will add **on an additional five dollars** to the original late fee.
- Late fees will be recorded by the director. Late fees may be paid that day or over the next two class periods. If not paid by the second class period, the student will not be allowed to return to MCP until the late fee is paid.

Please sign -

I/We, _____ the parents of _____ have read and understand the dismissal policy and late fees of Metamora Community Preschool.

Signature _____ **Date** _____

Signature _____ **Date** _____

Guidance Policy

We, _____, the parents of _____, have received the Metamora Community Preschool [handbook](#) at www.metamoracommunityprek.org, which states the **TUITION, PUBLICITY AND GUIDANCE** policy of Metamora Community Preschool. We opt out of receiving a paper copy and understand at any time we may receive a paper copy of the handbook if we choose.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Permission for Services, Observation, Consultation and Special Programming

Caring for your child is as important to us as it is to you. We want to do our best. As part of our ongoing efforts to make the preschool we offer the best it can be, we sometimes work cooperatively with others in our community.

Periodically we may have a photographer, Early Childhood Education professors or recording of the class (This may be a requirement for Renee Udell's student teaching), health professionals (Vision and Hearing Screening – a requirement of DCFS), community helper presenters, child development experts, or other appropriate persons spend time in our facility. They may be observing our classes (either to learn from what we do or to offer their own expertise, helping us assess our environment, presenting educational programs or assisting in other ways). We encourage parents to take advantage of these cost-free resources as well, and we are working on ways to share community resources with you. Our preschool is titled, Metamora Community Preschool, and we truly hope to continue to connect with our amazing community.

Only through good communication and working together can we provide the very best care to your child. We ask for your signature to show your permission and agreement allowing your child to participate in these care enhancing opportunities.

Please sign on the appropriate line:

(Parent/Guardian and Date)

PUBLICITY

If you opt out, MCP will not take any photos of your child in the classroom.

- **PHOTOGRAPHS:** Students will be photographed at Metamora Community Preschool. Photographs may be used in the newspaper, made available for parents on Shutterfly or classroom websites.

I agree to allow my child to have his/her picture taken and placed on a Shutterfly account for MCP parent distribution.

_____ **Yes** _____ **No**

Child's Name/Class _____

Parent Signature _____

Email _____

This is the email we will use to send you an invite to join the MCP Shutterfly site.

METAMORA COMMUNITY PRESCHOOL

Dear MCP Families,

Please fill out this questionnaire to help us provide your child with a smooth transition and a successful preschool experience. Thank you!

CHILD'S NAME _____

DATE OF BIRTH _____

PHYSICAL DEVELOPMENT

Please check under the word that best describes your child's ability in the following areas:

	Good	Average	Needs Help	Not Applicable
Uses scissors				
Uses crayons				
Uses pencils				
Climbs				
Walks				
Runs				
Hops on one foot				
Jumps				

Any concerns?

Please check under the word that best describes your child's communication:

	Good	Average	Needs Help	Not Applicable
words to express self				
Speaks clearly				
Vocabulary is age-appropriate				
Understands directions				

BEHAVIORAL/EMOTIONAL DEVELOPMENT:

Does your child become frustrated easily? If yes, please explain.

How does your child express frustration?

What makes your child angry, and how does she/he express anger?

How does your child react to new situations?

How does your child react when you leave her/him?

Is your child afraid of anything?

SELF HELP SKILLS

What are some regular household routines your child is a part of?

Does your child:

____ dress ____ undress ____ button ____ zipper ____ tie shoes

Please list your child's favorite activities:

What descriptive words you use to generally describe your child?

How do you and your family spend time together?

What's something you'd like MCP to know about your child?

What do you think we can do at school to make your child feel included?

How would you like to participate in our program?

_____ share a special skill/interest: _____

_____ read a picture book: _____