

# Registration Form 2024-2025



## PERSONAL INFORMATION

Preschool On The Creek Campus:  Green Oaks  Mira Lagos

Child's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nickname/Name Child Goes By (if different): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Gender:  Male  Female Child's age on **September 1, 2024:** \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Separated  Widowed

*\*If there are special concerns/directions regarding custody, please notify the director.*

## EMERGENCY INFORMATION

In case of emergency, notify those below if unable to contact parents/guardian (*State Standard requires two*):

1. \_\_\_\_\_  
Name (& Relationship) Full Address Phone #

2. \_\_\_\_\_  
Name (& Relationship) Full Address Phone #

## PICK UP AUTHORIZATION

The following people may pick up my child **in addition to the parents and emergency contacts** listed above.

They must know the four digit security code: \_\_\_\_\_

Names

Phone Numbers

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## AUTHORIZATION FOR MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize the POTC Director or her representative to take my child to:

\_\_\_\_\_  
Name of Hospital

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## SPECIAL NEEDS STATEMENT

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

Existing illness: \_\_\_\_\_

Previous serious illness/injury: \_\_\_\_\_

Medicine prescribed for long term continuous use: \_\_\_\_\_

My child has been examined by \_\_\_\_\_, a licensed physician, within the last 12 months and is able to participate in the program.

## PHOTO/VIDEO RELEASE

I give my permission for \_\_\_\_\_ to be photographed/video taped in the school setting. These would be used in program slide shows, craft projects or for display around our building.

## PARENT HANDBOOK

I understand the policies and procedures in which POTC practices.

I agree to place my child, \_\_\_\_\_, in the care of POTC under the policies and procedures listed in the POTC Parent Handbook. I have read the 2024-2025 Preschool On The Creek Parent Handbook. I will retain this manual for my records, if any further questions arise.

Please read and sign below to acknowledge: I agree to all requirements of the enrollment process and to all releases included in this form with the exception of those I have noted.

\_\_\_\_\_  
Parent Signature (either parent may sign/both signatures not required)      Date

\_\_\_\_\_  
Preschool On The Creek Director Signature      Date