

PALZ Registration Form 2017- 2018

Student's Name _____ Name Called _____

Birth Date _____ Age as of August 1, 2017, _____

Address _____ City _____

State _____ Zip _____

Email Address (es) _____

Home Phone Number _____ Cell Phone _____

Number where mother can be reached during PALZ: _____

Number where father can be reached during PALZ: _____

Child's physician: _____ Phone _____

Mother's/ Female Guardian's Name _____

Home Phone Number _____ Cell Phone _____

Employer _____ Work Phone _____

Father's/ Male Guardian's Name _____ Home

Phone Number _____ Cell Phone _____

Employer _____ Work Phone _____

Child lives with: Both Parents ___ **Single Parent** ___ **Guardian** ___

Emergency Contact:

Please list someone other than parents to notify in an emergency:

Name _____ Phone _____

Name _____ Phone _____

Pick Up Authorization: Your child will be released only to an authorized person listed on this form.

In case of an unforeseen circumstance, please give the name and phone number of any other persons with permission to pick up your child.

Name _____ Phone _____

Name _____ Phone _____

Medical Information: Please tell us about your child, so we can better meet his/her needs:

Allergies _____

List any medications currently taken on a regular basis during program hours. List condition, for which they are taken, dosage and time given. _____

If your child has any illness or condition (Asthma, Diabetes, ADHD, etc.) or physical disability, please provide us the confidential information so that we may better care for your child.

Emergency:

In case of illness or injury that occurs at school, I authorize the school to evaluate, provide first aid, and contact me for further advice and/ or pickup. If the school is unable to reach me, I hereby authorize it to contact my emergency contact person.

In the event that parents/ legal guardian or emergency contact can not be reached to make arrangements for emergency treatment at the time of illness or accident of my child, I hereby authorize the staff of PALZ Early Learning Program at Harvest Point UMC to administer first aid/CPR or call an ambulance and/ or take my child to the nearest emergency room for medical treatment.

I release the teachers/personnel and PALZ Early Learning Program at Harvest Point UMC from any liability for any injury or accident that might be incurred.

Parent/ Guardian Signature _____ **Date** _____

Family

Name of siblings and birthdates:

Name of anyone else who lives at your home and their relationship to your child/ your family, to meet your child's needs.

I would be glad to volunteer:

In my child's classroom ___ As a substitute ___ In the office ___
On field trips ___ Sharing a special talent ___ Other ___

You may use my child's picture in promotion materials to include Facebook Page and Website.
Yes ___ No ___

I was referred to PALZ from:

A PALZ family's ___ Family name _____
A flyer/ Pamphlet ___ Location _____ Referred by Number _____
Other ___

PALZ is not a state license program. However, PALZ does follow state ratios and program guidelines and provides teacher training.

Parent/ Guardian's signature _____ Date _____



Ages: Toddlers - Prekindergarten

Registration: Toddler One time registration fee \$50per child
 Twos – Pre-K One time registration fee \$100 per child

50% discount for siblings

Hours, Days, Tuition:

9:00am- 12:00pm

Toddlers- 1 day program Mondays \$80 a month or \$25 Per class

(Toddler days are on a first-come first-serve basis. They are registered and paid for at the beginning of each month)

Twos- 2 day program Tuesday and Thursday \$110 a month
 3 day program Monday, Tuesday, Wednesday \$155 a month

Threes- 3 day program Monday, Tuesday, Wednesday \$155 a month
 4 day program Monday – Thursday \$175 a month

Fours- 3 day program Monday, Tuesday, Wednesday \$155 a month
 Pre-K 4 day program Monday – Thursday \$175 a month

9:00am- 1:00pm

Threes- 3 day program Monday, Tuesday, Wednesday \$190 a month
 4 day program Monday – Thursday \$215 a month

Fours- 3 day program Monday, Tuesday, Wednesday \$190 a month
 Pre-K 4 day program Monday – Thursday \$215 a month

Classes are based on and offered by the number of children enrolled in each class. Classes will not be offered if minumims are not meet.

Child's Name _____ Age as of August 1, 2017 _____

Days: 2 day____ 3day____ 4day____ Time: 9:00-12:00____ 9:00- 1:00____

Please circle the above option you choose.