

20221-2022 Registration and Enrollment Form

Admission for School: Check all that Apply

Check choice of schedule: School Day (8:30am- 4:00pm)

Full Time: (M-F) Before Care (7:00am- 8:30am)

Part Time: (M/W/F-3 days) After Care (4:00pm- 6:00pm)

Part Time: (T/TH-2 days)

Child Information (Please print clearly)

CHILD'S NAME: _____ AGE: _____ DOB: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

	Parent/Guardian (1)	Parent/Guardian (2)
Full Legal Name:	_____	_____
Relationship to Child:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Business Phone:	_____	_____
Cell Phone:	_____	_____
E-mail Address:	_____	_____
Home Address:	_____	_____

Status of Parents: () Married () Divorced () Single Child lives with: _____

What topics interest your child? _____

Has your child attended a childcare center or preschool in past? () Yes () No

If Yes- how long? _____

What would you like to see your child gain from their experience in school this year?

Do you have any special concerns about your child (academically, socially, medically, etc.)?

Does your child have any allergies, asthma, seizures or chronic illness? () Yes () No

If yes, please specify: _____

Are medications needed for this condition? () Yes () No

PHOTO PERMISSION

I hereby grant and authorize undefined the right to take, publish, and make use of and all pictures or video taken of my child(ren) to be used in and/or for legally promotional materials, digital communications or social media including our school website. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of and will not be returned. Names will not be used.

_____ I give permission to post a picture of my child in an advertisement, social media posting, the Monarch Preschool, College Park webpage or school environment. Names will not be used.

_____ I do not give permission for my child's image to be published.

Child Release

For children's safety, will release a child only to the parent(s)/legal guardian(s) who have signed this form and to those listed below by the parent/guardian. Children will not be release to any other persons unless I notify the center, following the guidelines listed below:

- If the person (spouse, relative, friend) picking up my child is listed on this form but does not regularly pick up my child or has never picked up my child, I will notify the center verbally, by email to center director/assistant director, or by telephone to the office, in advance.
- If the person picking up my child is NOT listed on this form, I must notify the center by telephone, email to director/assistant director or front office. Parents/Legal Guardian is responsible for notifying classroom teacher.
- Photo identification will be required of any person picking up my child. A copy will be kept in your child's file.

NAME _____ RELATIONSHIP _____
 ADDRESS _____

NAME _____ RELATIONSHIP _____
 ADDRESS _____

NAME _____ RELATIONSHIP _____
 ADDRESS _____

Nut Free Zone

In effort to keep every child safe, we ask that parents in **every classroom restrain from packing anything that may contain nuts** in your child's breakfast/snack/lunch. In addition, on days that your child will attend the center, we ask that your child **avoid all contact with nuts of any form**.

Peanut allergies are very serious. Simple skin to skin contact, even hours after initial peanut contact, can cause a severe, even life threatening, allergic reaction. Since there are times throughout each day when the children of different rooms will be together, we ask that no child brings or has contact with nuts of any form.

If your child's lunch contains nuts, in any form, that item will be immediately disposed of. The center will provide backup lunches to ensure your child is offered a balanced lunch and you will be charged accordingly.

____/____ (Initial) I am aware of the seriousness that is associated with peanut allergies and will restrain from packing any type of nuts in my child's breakfast, snack and/or lunch.

Parent Handbook

I have received the Parent Handbook for Monarch Preschool, CP, and I understand that it is my responsibility to read these policies and any subsequent revisions. I understand that the most recent handbook can be found on the school's website at www.monarchpreschool.com

Signature: _____ Date: _____

School Information

1. A \$100.00 nonrefundable registration fee is due with this registration fee.
2. A late fee of \$5.00 per day will be applied to payments not received by tuition due date.
3. A sibling discount of 5% will be applied to the lesser of the tuition payments.
4. All families need to register for their Procure Account after registration at www.myprocare.com
5. All enrollment forms must be signed and submitted and on file before your child can attend class (Maryland Immunization Certificate, Health Inventory, Emergency Card, Lead Screening, and a Copy of Birth Certificate).

Parent/Guardian Enrollment Form

By signing below, I acknowledge that I have read and understood the above statements and accept the terms for the 2021-2022 school year.

Signature of Parent or Guardian

Date

Printed Name



Monarch Preschool

COLLEGE PARK

FOUNDED BY THE CHILDREN'S GUILD
