



FOR SCHOOL USE ONLY
DATE RECEIVED:
REGISTRATION FEE ATTACHED:
ADMITTED BY:
() NEW
() RETURNING

2024-2025 REGISTRATION FORM

Please select your choices for enrollment below.

- 3-Day Option
- 4-Day Option
- 5-Day Option

Please select your preferred days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Child's Full Name _____
(first) (middle) (last)

Child's pronouns: _____ Name by which child likes to be called: _____

Date of Birth _____ Age as of Sept. 1, 2023: ____ Yrs. ____ Mos.

Race/Ethnicity (Optional - this information is used for aggregate statistical reporting):

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (select all that apply): American Indian or Alaska Native Asian White
 Black or African American Native Hawaiian/Pacific Islander

Languages spoken at home: _____

Parent _____ Parent _____

Address _____ Address _____

Email _____ Email _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Occupation _____ Occupation _____

Place of Work _____ Place of Work _____

Medical Information

Name of physician: _____ Telephone: _____

Name of dentist: _____ Telephone: _____

Medical Insurance carrier: _____ ID# _____

Emergency Contacts

In case of an emergency who can we call if parents cannot be reached? (Please provide two contacts)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Authorized Pick-Up List

The following individuals are permitted to pick my child up from school if I am unable to:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Does your child have any allergies, medications, health issues or special dietary requirements that TCS should be aware of? (NO(YES - please describe:

In the event that _____ becomes ill or injured, I authorize emergency medical care, including transport in an emergency vehicle, and give permission to contact the child's physician on my behalf.	Yes (No (
I give consent for medical information about my child, _____ to be shared with teachers and volunteer personnel within The Children's School on a need-to-know basis. (for example allergies to foods or animals, etc)	Yes (No (
I give consent for the staff of The Children's School to apply the sunscreen I have provided for my child.	Yes (No (
I give consent for the staff of The Children's School to use insect repellent I have provided for my child one time daily.	Yes (No (
I give consent for _____ to take part in all field trips or excursions under proper supervision. We will notify you in advance of all trips requiring transportation.	Yes (No (
Permission is granted for my child's photo, video/audio tape recording to be used for The Children's School publicity (i.e. Brochures, Posters, Website):	Yes ()	No ()
I give permission for my child's name and P/G information to be shared as part of our TCS 24-25 Family Directory. This include the child's name and parent email and phone numbers and will be shared with currently attending families.	Yes ()	No ()

Sibling Information

Please list child's siblings here

_____ (Please put an * by the child's name if they also attended The Children's School)

Please list your child's previous childcare and/or preschool experience:

Location/School _____ Date(s) Attended _____

How did you hear about The Children's School?

What features about The Children's School have prompted you to apply for our program? (Teachers, facility, philosophy, friend's recommendation, etc.)

Please feel free to offer any comments or information about your child that you feel the teachers would find helpful. (i.e., play habits, likes, fears, interests, dislikes, health issues, etc.) Please feel free include additional information or pages, as necessary.

Please indicate the benefits that you expect your child to derive from The Children's School in the coming year.

What specific skills and/or knowledge can you contribute as a member of a parent co-operative run preschool (e.g. fundraising, marketing, maintenance, in-classroom support, community & culture)?

PARENT/GUARDIAN SIGNATURES: _____ DATE: _____

Please return this form along with:	
1) NON-REFUNDABLE REGISTRATION FEE	
2) COPY OF CHILD'S IMMUNIZATION RECORD OR STATE OF VT WAIVER FORM	
3) CHILDCARE GENERAL HEALTH EXAMINATION FORM	
The Children's School 173 Patchen Road So. Burlington, VT 05403	Registration Fee: \$100.00 Returning Families \$150.00 New Families