

# YARDVILLE CYO PRESCHOOL

453 Yardville- Allentown Road- Yardville, New Jersey 08620- Phone (609) 585-4280- Fax (609)585-2435

## REGISTRATION FORM

### STUDENT INFORMATION:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Family Email Address: \_\_\_\_\_

### PARENT INFORMATION:

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

(M) Employment: \_\_\_\_\_ (F) Employment: \_\_\_\_\_

(M) Work Phone: \_\_\_\_\_ (F) Work Phone: \_\_\_\_\_

(M) Cell Phone: \_\_\_\_\_ (F) Cell Phone: \_\_\_\_\_

Does the child live with both parents? \_\_\_\_\_ Any Custody Problems? \_\_\_\_\_

### PICK UP AUTHORIZATION:

In addition, to the legal guardians, the following person(s) are authorized to pick up my child from the Yardville CYO Preschool.

\_\_\_\_\_  
Name Phone # Relationship

\_\_\_\_\_  
Name Phone # Relationship

\_\_\_\_\_  
Name Phone # Relationship

Child's Name: \_\_\_\_\_

**EMERGENCY INFORMATION:**

**PRIMARY CARE PHYSICIAN:**

Name Of Child's Physician: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**EMERGENCY MEDICATION:**

TYLENOL/ MOTRIN~ In case of an extreme emergency and a medical professional instructs the Yardville CYO Preschool staff to administer Tylenol/ Motrin on site, I hereby give permission for the staff member to administer this medication. The instructed dosage will be given according to child's age and weight.

\_\_\_\_\_  
Signature Of Parent/ Legal Guardian

\_\_\_\_\_  
Date

BENEDRYL~ If my child has an extreme allergic reaction during the course of the school day, I hereby give permission for a staff member of the CYO to administer Benedryl to my child if they are instructed by a medical professional. The instructed dosage will be given according to child's age and weight.

\_\_\_\_\_  
Signature Of Parent/ Legal Guardian

\_\_\_\_\_  
Date

**EMERGENCY AUTHORIZATION:**

In the event that I cannot be reached in an emergency, I hereby give permission to any physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

\_\_\_\_\_  
Signature Of Parent/ Legal Guardian

\_\_\_\_\_  
Date

**ACTIVITY PERMISSION:**

I hereby grant permission for my child to use all of the play equipment and participate in all activities of the Preschool. I also grant permission for my child to leave the Preschool under proper supervision for field trips in an authorized vehicle. I know of no reason to restrict my child's activity and give permission for participation in all activities that are provided.

\_\_\_\_\_  
Signature Of Parent/ Legal Guardian

\_\_\_\_\_  
Date

All initial registrations must be accompanied by a \$50.00 registration fee and \$100 deposit, which will be credited towards your first month's tuition. The balance of the first month's fee must be paid by the child's start date. Monthly payments must be made in full and are due the first of each month. There are no refunds for missed days, illnesses, vacations, or dismissal for disciplinary reasons, Registration can be done at the Yardville CYO Preschool during office hours. Please see Preschool Handbook for details on mentioned policies and late fees.

I have read, understand, and accept these terms.

\_\_\_\_\_ Initial