

Is there anything about your child that the teacher should be made aware of (i.e., fears, likes, dislikes, problems)?

Does your child have any allergies? _____

Does your child take any medications for allergies or any other reason?
_____ Please indicate medication and
reason _____

Has your child attended any pre-school?

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Please fill in the following information in case of illness during school hours

Father at work phone _____

Mother at work/home phone _____

Friend or relative _____
Name Phone Relationship to child

Physician _____ Phone _____

Hospital _____ Phone _____

All students must be age 2 by September 30th of current year.

I understand, if my child is accepted, that he/she will be enrolled for the full session. Members shall be permitted to withdraw prior to the end of the school year only in the following instances:

- Serious or prolonged illness
- Removal of the child from the community

Mutual agreement between the member, the teacher and the membership committee will be made for such withdrawal if there is an inability of the child to adjust to school.

Should it be necessary to withdraw my child in accordance with the foregoing, I understand a 30-day notice must be given or one month's tuition paid. It is further understood that, if a child is withdrawn for any other reason, it is the parents' obligation to pay the tuition for the remainder of the school session.

Signature of Parent _____