

P.O. Box 102  
Stony Brook, NY 11790  
246-5269

e-mail: Eileen@ImaginationPreschool.com

## REGISTRATION FORM

In addition to writing the formal "legal" first names, please also write in parentheses the names that you would like us to use in school for both you and your child. For example, James Smith (Jimmy).

Child's Name (first and last) \_\_\_\_\_ Nickname \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Date of birth \_\_\_\_\_ Age (when school starts) \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Each child will receive an Imagination Pre-School sweatshirt when school starts.

Please indicate your child's shirt size:  Small (6 – 8)  Medium (10 – 12)

**Please write your first choice class (1) and your second choice class (2):**

**Write  
1 or 2  
↓**

### AM Sessions

	Days	Time	
Toddler	Tuesday – Thursday	9:30 – 11:30	
3-year-old	Tuesday – Thursday	9:00 – 11:30	
		9:10 – 11:40	
3-year-old	Monday – Wednesday – Friday	9:00 – 11:30	
		9:10 – 11:40	
4-year-old	Monday – Wednesday – Friday	8:45 – 11:45	
		8:50 – 11:50	
5 day, 4-year-old class	Monday through Friday	8:55 – 11:55	

### PM Sessions

Toddler	Tuesday – Thursday	12:10 – 2:10	
3-year-old	Tuesday – Thursday	12:10 – 2:40	
3-year-old	Monday – Wednesday – Friday	12:15 – 2:45	
4-year-old	Monday – Wednesday – Friday	12:05 – 3:05	
5 day, 4-year-old class	Monday through Friday	12:10 – 3:10	
Pre-K Enrichment *	Tuesday and/or Thursday (optional 4 <sup>th</sup> and 5 <sup>th</sup> days) *	Tuesday 12:05 – 3:05	
		Thursday 12:05 – 3:05	

\* Children in any 4-year-old class can attend either the Tuesday or Thursday Enrichment class or they can attend both Enrichment classes. Both Enrichment classes will begin in October and end in May.

# HEALTH INFORMATION

Child's name \_\_\_\_\_

Physician's name \_\_\_\_\_

Physician's phone \_\_\_\_\_

Has your child had any of the following:

	No	Yes	If yes, date of occurrence
Serious Accidents			
Serious Illness			
Operations			
Hospitalizations			
Handicaps			
Allergies			

If you answered yes to any of the above, or if there is any other information we should know about your child, please explain below:

---

---

---

---

In case of an unscheduled pickup of your child due to illness, please list the names and telephone numbers of four friends or relatives who we should try to contact if the parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Authorization:

In case of an emergency where parents or designated contacts cannot be reached, I hereby give permission to the staff at Imagination Pre-School to take my child to the emergency room at Stony Brook Hospital. I also give permission for the hospital staff to treat my child as required.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Staff members are trained and certified in First Aid by the American Red Cross. We will administer first aid for minor cuts or bruises and your child's teacher will inform you when you pick up your child. If further treatment seems necessary, we will notify you or your designated emergency contact.

**PLEASE KEEP YOUR CHILD HOME UNDER THE FOLLOWING CONDITIONS;** if vomiting or diarrhea lasts over several hours, if your child seems listless, unusually irritable, complains of headache, stomach ache, sore throat or ear ache, or seems unusually pale or flushed. A child with a temperature of 101.5° or above is expected to stay home for a 24-hour period. It is better to be overcautious than to risk the health of your child or the chance of exposing other children to illness. Children returning to school after recovering from a communicable disease will need a doctor's note stating that they are no longer contagious.

## RELEASE AUTHORIZATION

Child's name \_\_\_\_\_

Imagination Pre-School will not release your child to anyone other than those for whom we have written permission. Please use the space below to write the names of relatives, friends, or neighbors who may at some time be taking your child home from school.

---

---

---

Please notify our staff if a designated person other than a parent or guardian is picking up your child. Any person picking up your child must be listed on this form and should be prepared to show photo identification.

---

---

## PHOTO PERMISSION

I give permission for my child to be included in classroom activity photos. These photos will be posted on our bulletin boards and on our password protected website for you to download.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

---

---

## TRIP PERMISSION

I give permission for my child to participate in any field trips that Imagination Pre-School conducts. I understand that I will either personally drive my child to the activity or will give permission for another parent to drive.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

# CHILD INFORMATION

Child's name \_\_\_\_\_

1. Please tell us about your child's personality and anything in particular that we should know about your child.

---

---

---

---

2. Names and ages of siblings:

---

---

3. Please list all the people that the child lives with in the household:

Name	Relationship

4. Does your family have any pets? Please list the pet's name and type of animal.

---

---

5. Are there any foods that your child cannot eat (allergies, etc.)?

---

---

6. Does your child take any medication on a regular basis?

---

---

7. If your child is new to Imagination Pre-School, has your child had any other pre-school experience including "Mommy & Me", "Gymboree", etc.?

---

---

8. How did you hear about Imagination Pre-School?

---

---