



Shelbyville Parks and Recreation Department
Preschool Registration/Emergency Form 2022-2023 School Year

\*State of Indiana: Child must be 5 by September 1st to go to Kindergarten

Child's Name: Date of Birth:

Address:

(copy of Birth Certificate & shot records required at registration)

Age: Sex: Nationality:

Parents' information: email address:

Mother: Home Phone cell

Address

Mother's place of employment Phone:

Father: Home Phone: cell

Address

Father's place of employment Phone:

\*Child resides with

\*Who will be picking up and dropping off your child at school?

(example: parent, babysitter, van rider)

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Persons to be notified in case of an emergency:

Call 1st - Name Phone

Call 2nd -Name Phone

Medical Information:

Child's Physician Phone

Is your child on any medication for ADD or ADHD? or other

If so, please give specifics?

Any special medical conditions or allergies that we should be aware of? Yes No

If yes, explain

Payment Information:

\*Who is responsible for Preschool payments? \_\_\_\_\_

**Registration/Supply fee** is paid in full at the time of registration. (Non-refundable if for some reason you drop out of program)

Monthly fees are due by the 27<sup>th</sup> of each month or a \$10 late fee will be charged.

Each parent will receive a Preschool Handbook that explains Preschool rules, policies and procedures. Please take the time to read it.

By signing below you are responsible for payment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

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PERMISSION

I hereby grant permission for my child to use all the play equipment used in the Preschool Program at the Shelbyville Parks Department and to leave the facility for walks or field trips. I grant permission for my child to be included in pictures connected with the program. I hereby grant permission for steps to be taken for emergency care, if need arises. These steps include attempting to contact the parent, guardian, or alternate person in case of emergency and having a child taken to the emergency room accompanied by a staff person. Any expenses for the emergency care will be the responsibility of the child's family.

Signed: \_\_\_\_\_  
(Parent or Legal Guardian)

**This emergency sheet must be kept accurate. If there are any changes, please contact the office at 317-392-5128.**

The following people **may** pick up my child from school:

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

The following people may **NOT** pick up my child from school:

\_\_\_\_\_ relationship to child \_\_\_\_\_  
\_\_\_\_\_ relationship to child \_\_\_\_\_

**We must have a photo of those not able to pick your child up from school.**

## About My Child

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

Name to be used & written at preschool \_\_\_\_\_

List other siblings and their ages: \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_

Does your child nap? \_\_\_\_\_ When? \_\_\_\_\_

What time does your child go to bed at night usually? \_\_\_\_\_ Wake-up? \_\_\_\_\_

What does your child usually eat for breakfast (AM class) or lunch (PM class)?

Is your child potty trained? \_\_\_\_\_ (all students must be to attend preschool)

Does your child have any special fears? \_\_\_\_\_

Does your child have any problems with hearing or vision? \_\_\_\_\_

Does your child have any speech problems? \_\_\_\_\_

Is any language other than English used in the home? \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

Please take a few minutes to answer these questions: they are very important to us and to your child's learning process.

Thank you for letting us get to know your child. We are looking forward to a great school year!

**Parks  
Make  
Life  
Better!**<sup>SM</sup>