



Shelbyville Parks and Recreation Department
Preschool Registration/Emergency Form 2024-2025 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) _____

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 27th of each month or a \$20 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)

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!**SM



AGREEMENT TO COMPROMISE DEBT

The Shelbyville Parks and Recreation Department hereby enters into an agreement with the parents of the child enrolled in the Shelbyville Parks Department Preschool Program under the following terms:

1. If a child drops out of the program any time during the school year, the parents are still liable for the remainder of the school year fees.
2. The parents are also responsible to make sure payments are made each month or they must pay a late fee and the payment.
3. If for unseen circumstances, the parents cannot make payment; the parents can make arrangements of payments or request a waiver, accompanied by a letter of circumstance. This letter will be reviewed, and approved or disapproved upon the Director's discretion. A follow-up phone call or letter will be sent out with the Director's decision.
4. If for any reason the parent does not pay the debt in full, the Shelbyville Parks Department shall have full rights to prosecute for the total amount due.

This agreement shall be binding for all individual(s) that sign below.

Parent's Signature

Date

Parent's Signature

Date