

# Cradles & Crayons Preschool

341 Ossipee Trail Gorham, Maine 04038 207-839-2343

## Application and Release Form 2017-2018

Child's Full Name \_\_\_\_\_

Does your child prefer to be called by another name? \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian #1

Parent/Guardian #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ e mail \_\_\_\_\_

Home Phone \_\_\_\_\_ e mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

I, \_\_\_\_\_ understand that I will be charged \$ \_\_\_\_\_ per month for my

child, \_\_\_\_\_ to attend the Cradles & Crayons Preschool class checked below. I understand the Tuition Policy and agree that I am expected to pay the monthly tuition in full at the beginning of each month, September through May. I will pay my child's tuition regardless of holidays, sickness, vacations, snow days or personal absence days. I also understand the preschool program follows the Gorham school calendar for holidays, vacations and snow days.

\_\_\_ **Two day Nursery School program:** designed for children who are 3 yrs. old by Oct.15, 2017. (2 hrs. daily, T, Th, 9-11am.) Tuition is \$180.00/mo.

\_\_\_ **Two day Multi-age Preschool program:** designed for 3 & 4 year olds who could benefit from a wide variety of activities chosen from both Pre-K and Nursery School programs. It is also well suited for the younger 3 year old who is developmentally ready for a nursery school program but does not meet the state age requirements for the regular 2 year program. (3 1/2 hrs. daily, T, Th, 9am-12:30pm.) Tuition is \$240.00/mo.

\_\_\_ **Three day Pre-K program:** designed for children who are 4 years of age by Oct. 15, 2017. (2 1/2 hrs. daily, M, W, F, 9:30-noon) Tuition is \$240.00/mo.

### Tuition Policy for all Preschool programs

A discount of \$10.00 will be applied to cash payments made by the 7<sup>th</sup> of each month. Payments made after the 7<sup>th</sup> will be the regular fee. Payments made after the 15<sup>th</sup> of the month must be made in cash and include a \$15.00 late fee. -Checks are payable to: **Debra Willoughby-**

\*\*\*There is a non-refundable \$50.00 **materials fee** per year due by the first day of class.

**Emergency Contact Persons:**

1<sup>st</sup>- Name \_\_\_\_\_ phone \_\_\_\_\_ relationship to child \_\_\_\_\_

2<sup>nd</sup>-Name \_\_\_\_\_ phone \_\_\_\_\_ relationship to child \_\_\_\_\_

3<sup>rd</sup>-Name \_\_\_\_\_ phone \_\_\_\_\_ relationship to child \_\_\_\_\_

Physician \_\_\_\_\_ phone \_\_\_\_\_

Dentist \_\_\_\_\_ phone \_\_\_\_\_

If your child has any allergies, special dietary or medical needs, please describe: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I give consent for my child, \_\_\_\_\_, to:

\*take part in field trips under proper supervision. Yes\_\_\_ No\_\_\_

In the event that my child becomes ill or injured and I cannot be contacted, I authorize Cradles & Crayons staff to transport my child and seek medical care. Yes\_\_\_ No\_\_\_

I give consent for pictures of my child to be used in promotional materials both in hardcopy and on the website for Cradles & Crayons Preschool (no names are ever used). Yes\_\_\_ No\_\_\_

The following people may pick up my child at school: \_\_\_\_\_

Is there anyone forbidden access to this child? Yes\_\_\_ No\_\_\_ (if yes, please provide legal documentation)

*\*As a mandatory reporter, I am required by law to report cases of suspected child abuse / neglect to the Dept. Human Services*

**\*\*\*Per State of Maine requirements:**

**I have attached an up-to-date copy of my child's immunizations.**

**My/ our signatures attest to our acknowledgement of the Cradles and Crayons Preschool Handbook:**

**Signatures (Both Parents/Guardians Must Sign)**

Parent/Guardian #1

Print name \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_

Parent/Guardian #2

Print name \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_

FOR OFFICE USE ONLY: Date Accepted \_\_\_\_\_ Deposit Paid \_\_\_\_\_ Check Number \_\_\_\_\_