

# CROSS ROADS PRESCHOOL REGISTRATION FORM

2310 Haymaker Road  
Monroeville, PA 15146  
Phone: 412-372-6836

## REGISTRATION INSTRUCTIONS

1. Complete this form.
2. Have a copy of your child's Immunizations showing that he/she is **up-to-date** on their required vaccinations, completed and signed by your physician/pediatrician.
3. Submit form and fee at registration.

Checks payable to: **CROSS ROADS PRESCHOOL**

4. Submit a self-addressed, stamped envelope (so we can send you information)

## REGISTRATION INFORMATION

**TODAY'S DATE:** \_\_\_\_\_ **CHILD'S Date of Birth:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Child's Full Name                      Name child should write                      Gender

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Street Address                      City                      / Zip Code                      / Main Telephone

Mom's Cell: \_\_\_\_\_ Text permitted? \_\_\_\_\_  
Dad's Cell : \_\_\_\_\_ Text permitted? \_\_\_\_\_

**Preferred Number for Group Text Messages:** \_\_\_\_\_

**EMAIL for correspondence:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Father's Name                      Occupation/Interests                      Work Phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mother's Name                      Occupation/Interests                      Work Phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Total Number in Family      No. of Brothers      No. of Sisters      Name/s of School/s previously attended

Where did you hear about Cross Roads Preschool? \_\_\_\_\_

Would you like duplicate class news/notices sent to another person on your behalf? \_\_\_\_\_yes\_\_\_\_\_no

**If yes, please provide the following:**

Name \_\_\_\_\_ Address: \_\_\_\_\_

**The following people have permission to pick up my child.**

1. \_\_\_\_\_  
Name & Relationship to child
2. \_\_\_\_\_  
Name & Relationship to child

### FOR OFFICE USE ONLY

Date: \_\_\_\_\_  
Ck# \_\_\_\_\_ Cash \_\_\_\_\_ Amount \_\_\_\_\_  
Registration \_\_\_\_\_ CM \_\_\_\_\_  
Security Maintenance Fee Pd. \_\_\_\_\_  
COVID WAIVER returned \_\_\_\_\_  
COVID Policy read returned \_\_\_\_\_  
KDO Registration \_\_\_\_\_  
Tuition \_\_\_\_\_  
T-Shirt \_\_\_\_\_ Size \_\_\_\_\_  
Special Music \_\_\_\_\_  
Earth Explorers \_\_\_\_\_  
Kids in Kitchen \_\_\_\_\_  
PAST Time \_\_\_\_\_

### Classes Being Offered

#### 3-Year Old (3 by Sept 1)

\_\_\_\_ T & TH AM  
\_\_\_\_ T & TH PM (Wishlist Class)

#### 3/4 Year Old

\_\_\_\_ T & TH AM  
\_\_\_\_ T & TH PM (Wishlist Class)

#### 4-Year Old

\_\_\_\_ M-W-F AM  
\_\_\_\_ M-W-F PM (Wishlist Class)

#### Enrichment(must be recommended for this class or 5 by Jan 1<sup>st</sup>)

\_\_\_\_ M-W-F AM  
\_\_\_\_ M-W-F Extended Enrichment  
(9:00-3:00pm)  
\_\_\_\_ M-T-W-TH AM (9:00-11:30)

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#### Extra Opportunities

#### Special Music (3,4 &5)

\_\_\_\_ yes \_\_\_\_\_ no  
(1/2 Hour/Week on W or TH)  
**Please circle day of choice above**

#### Earth Explorers (4 & 5y.o.)

\_\_\_\_ yes \_\_\_\_\_ no  
Meets every Mondays 11:30-12:30

#### Kids in the Kitchen Cooking Class (4 & 5 y.o.)

Wed. class meets first 2 weeks of month 1:00-2:30pm  
\_\_\_\_ yes \_\_\_\_\_ no

#### PAST Time: 3:00-5:00PM Daily

Days needed: \_\_\_\_\_  
Time needed: \_\_\_\_\_

**KIDS DAY OUT: SEE DIRECTOR FOR DETAILS**

**PLEASE READ AND CHECK ANY AREAS THAT MAY APPLY**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ALLERGIES                            | <input type="checkbox"/> COVID VACCINE RECEIVED       | <input type="checkbox"/> INDIVIDUALIZED EDUCATION PLAN (IEP) |
| <input type="checkbox"/> ASTHMA                               | <input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE | <input type="checkbox"/> THERAPEUTIC SUPPORT STAFF (TSS)     |
| <input type="checkbox"/> HEARING DEVICES                      | <input type="checkbox"/> AUTISM SPECTRUM DISORDER     | <input type="checkbox"/> RECEIVE SERVICES FROM DART OR       |
| <input type="checkbox"/> GLASSES                              | <input type="checkbox"/> ATTENTION DEFICIT DISORDER   | <input type="checkbox"/> SERVICES FROM ANY OTHER AGENC       |
| <br>  |   |  |
| <input type="checkbox"/> PHYSICAL RESTRICTIONS                |   |  |
| <input type="checkbox"/> DIETARY RESTRICTIONS/ALLERGIES _____ |   |  |
| <input type="checkbox"/> NO CONCERNS AT THIS TIME             |   |  |

EXPLAIN any of above \_\_\_\_\_

*THIS INFORMATION WILL BE USED TO SUPPORT YOUR CHILD & ALLOW US TO OPTIMIZE THEIR LEARNING EXPERIENCE.*

**MEDICAL INFORMATION**

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Doctor's Name Address Phone Number

2. If parents cannot be reached, whom should we call in an emergency? Please list a friend or relative who lives close.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Phone Number

**PERMISSION FOR MEDICAL TREATMENT**

In the event that my child, \_\_\_\_\_, should require emergency medical treatment and **reasonable attempts to contact me or the emergency person/s listed above have not been successful**, I give my consent for the administration of emergency medical treatment deemed necessary by licensed physicians, dentists, and emergency personnel at the nearest hospital.

\_\_\_\_\_  
Signature Date

**WAIVER OF LIABILITY**

I, the parent of \_\_\_\_\_, hereby agree that for any illness or injury sustained while attending preschool, I will use my own medical or health insurance to cover the cost of the illness or injury.

\_\_\_\_\_  
Signature Date

**PHOTO RELEASE**

From time to time during the year, we put pictures on our Facebook and on our web site to advertise upcoming events, or to share with you. These pictures are usually taken in the classroom showing the children involved in some special school activity. If you are willing to have your child participate, if he/she is chosen, please complete the form below.

**I give permission for my child's picture to be used:**

- Yes  
 No

\_\_\_\_\_  
Signature Date