

<b>FOR OFFICE USE ONLY</b>		
Date:	_____	
Ck#	Cash	Amount Paid
_____	CM _____	PRE-K family _____ KDO ONLY
_____ Inoculation Form; _____ on file with Pre-K		
_____ Security Maintenance Fee _____ PRE-K family		

# REGISTRATION FORM (Kid's Day Out)

2310 Haymaker Road  
 Monroeville, PA 15146  
 412-373-1181 / 412-372-6836

## REGISTRATION INFORMATION

TODAY'S DATE: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Child's Name (First and Last)                      Date of Birth                      Gender

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Street Address                      City                      Zip Code                      Home telephone number

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

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

Preferred Number For Group Text Messages: \_\_\_\_\_

EMAIL for KDO to use: \_\_\_\_\_

### FOR INFANTS 6 WEEKS-24 MONTHS

The infant room will be open on Monday through Friday mornings from 9 to 1, as long as there is a need. Please indicate below the days and times you would like.

\_\_\_\_\_

### FOR CHILDREN 2-5 YEARS (not in Kindergarten)

The classroom for the older children will open at 9 a.m. Monday through Friday. Closing time will vary according to need (not later than 3:00 p.m.). The children are limited to 4 hours a day and no more than 3 days a week, unless there is an emergency. Please indicate below the days and times you would like.

\_\_\_\_\_

\_\_\_\_\_

### EMERGENCY PERSON/S TO CONTACT (other than self)

#1 \_\_\_\_\_  
 Name (Relationship to the child)                      Telephone Number                      Cell Phone Number

#2 \_\_\_\_\_  
 Name (Relationship to the child)                      Telephone Number                      Cell Phone Number

Things you would like the KDO Staff to know about your child (i.e. Potty training, siblings, interests, fears, changes in family etc)

\_\_\_\_\_

\_\_\_\_\_

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

<input type="checkbox"/> ASTHMA	<input type="checkbox"/> GLASSES	<input type="checkbox"/> ENGLISH AS A SECOND LANGUAGE
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> PHYSICAL RESTRICTIONS	<input type="checkbox"/> INDIVIDUALIZED EDUCATION PLAN (IEP)
<input type="checkbox"/> HEARING DEVICES	<input type="checkbox"/> AUTISM SPECTRUM DISORDER	<input type="checkbox"/> ATTENTION DEFICIT DISORDER
<input type="checkbox"/> THERAPEUTIC SUPPORT STAFF (TSS)	<input type="checkbox"/> RECEIVE SERVICES FROM DART OR ANY OTHER AGENCY	
<input type="checkbox"/> DIETARY RESTRICTIONS		

**EXPLAIN**

NO CONCERNS AT THIS TIME  
*THIS INFORMATION WILL BE USED TO SUPPORT YOUR CHILD AND ALLOW US TO OPTIMIZE THEIR LEARNING EXPERIENCE AT CROSS ROADS PRESCHOOL*

**MEDICAL INFORMATION**

**You are required to submit a copy of your child’s inoculation record.** Please do this with your registration. List **any** allergies, medical problems or food restrictions that we should be aware of as caregivers.

\_\_\_\_\_  
Doctor’s Name and 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 Kid’s Day Out, 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, and sometimes in the local newspaper. 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

**VOLUNTEERS NEEDED**

I would like to know more about the volunteer program. I may be willing to volunteer on a regular basis (1/week or 1/month, etc.) as needed.

The day/s and time/s that would be best for me are the following:

\_\_\_\_\_