

Carus Preschool Registration Form For: 2021/2022

Please include a \$80.00 non-refundable registration fee. (\$70.00 each for 2 or more students)

Make checks payable to Carus Preschool

Carus Preschool admits students of any race, color, and national or ethnic origin.

Choose one:

Traditional Slot (no parent help days required – limited space available)

Cooperative Slot (2 Parent classroom volunteer days per month required)

Carus Preschool Classes:

T/TH am class (3-4yr.) M/W/F am class (4-5 yr.) M/W/F pm class (3-5 yr.)

M/T/W/TH/F am class (4-5 yr.) **traditional only, limited to 8 students**

CHILD'S INFORMATION

Student's Name: _____ (M) ____ (F) ____

Preferred first Name: (to be used in class) _____ **Birth date (Required):** _____

Phone Number: _____

Home Address: _____ Zip _____

Food allergies/dietary restrictions? _____ If so, please list: _____

Do you have any concerns about your child social, emotional or physical development? Has your child ever been referred to your County's ESD? _____ If yes, what County? _____

GUARDIANS' INFORMATION

Guardian Name _____ Occupation _____

Employer _____ Work # _____ Cell Phone# _____

Email _____

Guardian Name _____ Occupation _____

Employer _____ Work # _____ Cell Phone# _____

Email _____

Student lives with _____ In Carus School District ____ Out of District ____

How did you hear about us? _____

SIBLING INFORMATION

| Name of Siblings | Sex of Child | Age |
|------------------|--------------|-----|
|------------------|--------------|-----|

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| _____ | _____ | _____ |
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Child's position born in the family (Circle one): 1 2 3 4 other _____

IN CASE OF EMERGENCY

Name of persons student can leave with if parent is not picking up child or in case of emergency and parents cannot be contacted: Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Doctor _____ Phone _____

STATEMENT: In case parents cannot be reached, my signature is authorization for our Physician named above, the Physician of the school's choice, the Beavercreek Fire Department, or the Emergency room of Willamette Falls Hospital to provide whatever emergency care is necessary in the event of injury or accident.

Signature of Parent or Guardian _____ Date _____