

Carus Preschool Registration Form For: 2022/2023

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's 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 guardian is not picking up child or in case of emergency and guardians cannot be contacted: Name

_____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Family Doctor _____ Phone _____

STATEMENT: In case guardians 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 _____