



kinderfarm

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www.kinderfarmpreschool.com



"A Breath of Fresh Air in Preschool Education"

-REGISTRATION FORM-

Child's Name _____ Sex _____
Last First Middle

Child's Address _____
Street City Zip

Home Phone _____ Child's Birth date _____ Name Child goes by: _____

Parents or Guardians
Name Place of Employment Work Phone Email (optional)

- _____
- _____

Would You Like to Receive Periodic Email Reminders? Yes No

Marital Status of Parents: _____

Other Children at Home:

Name	Birth date	Name	Birth date
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

-EMERGENCY INFORMATION-

Names of two additional people we could call in an emergency:

- _____ Relationship _____ Phone _____
- _____ Relationship _____ Phone _____

Child's Physician _____ Phone _____

Physician's Complete Address _____ Hospital Preference _____

Known allergies of child _____

Does your child have any known hearing or vision needs? _____ If so, please explain _____

Who will have authority to pick up your child? _____

How can they be reached? Address _____ Phone _____

Who will **NOT** have authority to pick up your child? _____

- OVER -

Does your child have any dietary restrictions? If so, please explain _____

When you find it necessary to correct your child's behavior, how do you handle it? _____

How did you hear about Kinderfarm? (Friend, relative, website, phone book) _____

PROGRAM REGISTRATION

CHECK DESIRED PROGRAM:

- ____ Morning Preschool Program (3 or 5 days per week) 9:00 – 11:30
- ____ Morning Preschool Program with Lunch (3 or 5 days per week) 9:00 – 12:45
- ____ Afternoon Preschool Program (3 or 5 days per week) 1:00 – 3:30
- ____ Afternoon Preschool Program with Lunch (3 or 5 days per week) 11:45 – 3:30
- ____ Full Day Program (2, 3, or 5 days per week) 9:00 – 3:30

CHECK DESIRED DAYS:

____ 2 Full Days (Tues/Thurs) ____ 3 Days (Mon/Wed/Fri) ____ 5 Days (Mon - Fri)

Starting Date Desired: ____ Fall 20 ____ Spring 20 ____ Summer 20 ____

Will you need transportation for your child? _____ (If "YES", complete next line)

____ To K.F. ONLY ____ From K.F. ONLY ____ TO AND FROM K.F.

AGREEMENT

Please initial each item below to indicate that you understand and agree to adhere to the stated policies:

- ____ My child has permission to participate in field trips as part of the Kinderfarm Program.
- ____ My child has permission to be photographed for use in classroom activities or for media purposes (i.e. newspapers, brochures, the Kinderfarm website, or Kinderfarm advertisement literature).
- ____ I give consent in emergency situations for the persons in authority to seek the nearest medical care for my child.
- ____ If, for any reason, I wish to terminate my child's enrollment at Kinderfarm I will submit, in writing, a 30-day notice and tuition for those 30 days.
- ____ I have enclosed a payment of \$125.00 to cover the non-refundable registration fee and tuition deposit. I understand that additional deposits are required for summer registration.
- ____ I understand that I may request a copy of the Kinderfarm Parent Handbook at any time.

Signature Parent/Guardian _____ Date _____