

**Registration Form**

**2020 SUMMER FUN**

**July 6th – August 28th**

**Ages 18 months – 5 years old**

**MESSIAH PRESCHOOL & DAY CARE**

465 Pond Path, East Setauket, NY 11733

(631) 751-1775

A **$15** registration fee per child is due with this registration.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender:\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_No \_\_\_\_\_Yes Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered “Yes” to this question, you will receive an Allergy Action Plan to be filled out by your health care provider.

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother‘s Work#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Email:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father‘s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Work#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father‘s Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Siblings: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about our school? Check one: \_\_ sign \_\_ newspaper \_\_ magazine \_\_ friend \_\_ library \_\_ internet banners

Please **check** the weeks and **circle** the days that you are registering for:

Week 1 - July 6, 7, 8, 9, 10 Week 5 – August 3, 4, 5, 6, 7

Week 2 – July 13, 14, 15, 16, 17 Week 6 – August 10, 11, 12, 13, 14

Week 3 – July 20, 21, 22, 23, 24 Week 7 – August 17, 18, 19, 20, 21

Week 4 – July 27, 28, 29, 30, 31 \_\_\_\_\_\_\_\_Week 8 – August 24, 25, 26, 27, 28

**Basic Program (9:30am – 12:30pm):**

Weekly: 2-days ($78) 3-days ($86) 4-days ($105) 5-days ($128)

**Basic Program with Extended Care (9:30am – 2:30pm):**

Weekly: 2-days ($115) 3-days ($137) 4-days ($156) 5-days ($208)

**NOTE THE ACTUAL DAYS AND WEEKS FOR THIS PROGRAM ARE DEPENDENT UPON REGISTRATIONS**

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Messiah Preschool and Day Care admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on basis or race, color, national or ethnic origin in administration of its education policies, admissions policies, scholarship loan programs, and athletic and other administered programs.

**MESSIAH PRE-SCHOOL/DAY CARE**

465 Pond Path, East Setauket, NY 11733

(631) 751-1775

**PARENTAL AGREEMENT FORM 2020 SUMMER FUN**

1. I give permission for Messiah Preschool/Day Care to seek emergency medical treatment for my child, in the event that I cannot be contacted immediately.
2. I give my child permission to participate in field trips conducted by Messiah Preschool/Day Care during the 2020-2021 school year. I understand that school staff and parents will provide supervision and parents will provide transportation.
3. If there are any changes in my child’s transportation agreement (ie. going home with a friend) I agree to notify the school in writing.
4. Check and sign one:

\_\_\_\_\_I give permission for Messiah Preschool/Day Care to take photographs of my child and use it for presentation purposes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please sign)

\_\_\_\_\_ I do not give permission for Messiah Preschool/Day Care to take photographs of my child and use it for presentation purposes. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please sign)

**Emergency Phone Numbers:**  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following people are allowed to pick up my child if I am unable to do so:

Name Address Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of child

Parent’s/Guardian’s Signature Date