



# Preschool and Creative Center Registration Form

Enrollment Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child 1 Name \_\_\_\_\_  
Address \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Child 2 Name \_\_\_\_\_  
Address \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Child 3 Name \_\_\_\_\_  
Address \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

My Children's Doctor \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

My Children's Dentist is (after age 2) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

# Victory Garden Registration Form

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Emergency Contact Name \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

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

Child's Elementary School (if any) \_\_\_\_\_

Any Allergies, Special Diet Needs, Medications: \_\_\_\_\_

\_\_\_\_\_

Child May Be Released To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child May Be Released To \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child May Not Be Released To \_\_\_\_\_

**My Hospital of Choice:**

St. Mary's Hospital-2635 North 7<sup>th</sup> Street, Grand Junction, CO 81502- (970)-248-2273

Community Hospital-2021 N. 12<sup>th</sup> Street, Grand Junction, CO 81501 (970)242-0920

Family Health West- 300 West Ottley Avenue, Fruita, CO 81521 (970)858-3900

ALL CHILDREN ARE REQUIRED BY THE STATE OF COLORADO TO HAVE A CURRENT IMMUNIZATION CARD and HEALTH EVALUATION UPON REGISTRATION AND EACH YEAR THEREAFTER YOUR CHILD IS REGISTARTED AT VICTORY GARDEN. YOUR CHILD CANNOT ATTEND VICTORY GARDEN PRESCHOOL AND CREATIVE CENTER WITHOUT HIS/HER CURRENT IMMUNIZATION CARD. THERE WILL BE NO EXCEPTIONS.

## Victory Garden Registration Form

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Child Care Agreement – Please initial by each item to signify that you have read and understood all items.

- I have received and understand the parent handbook and the policies outlined there in.
- Payment is to be received one week in advanced for all services provided.
- A late fee of \$1.00 per minute per child will be assessed for every minute past closing with a minimum of \$10.00.
- I will notify the staff if my child has a diagnosed contagious disease.
- Emergency contact information will be verified and updated (as necessary) upon each visit.
- As needed I agree to discuss my concerns with the Director (Heather Dennis).
- My child will be clocked in and out daily.
- Needed sunscreen, diapers, meals, and a change of clothing will be provided.
- My child may watch movies owned by Victory Garden. All Movie are “G” rated.
- I understand all infants will be placed on their backs to sleep unless the parent signs a release stating otherwise.
- I understand ALL well children will be taken outside daily, weather permitting.
- I have had or been offered a tour of Victory Garden Preschool and Creative Center.

I \_\_\_\_\_ understand that in the case of an emergency every effort will be made to contact me, if however the staff at Victory Garden cannot reach me I give my permission to call for emergency help. I understand and accept all costs related to any emergency efforts made including but not limited to, ambulance fees, hospital costs, or doctors visits.

I \_\_\_\_\_ give my permission for Victory Garden staff members to apply sunscreen to my child. I will provide the center with Coppertone 45 or higher sunscreen.

I \_\_\_\_\_ give permission for my child(ren) \_\_\_\_\_ under the age of 2 to sleep on a 2 inch nap mat provided by Victory Garden .

I \_\_\_\_\_ give permission for Victory Garden Staff to use to use the following diaper ointment on my child \_\_\_\_\_.

I \_\_\_\_\_ agree to provide my child with a well balanced lunch each day when attending Victory Garden Creative Center. Each child’s lunch must be labeled with both the child’s **first** and **last** name. I understand that the Victory Garden staff will contact me if a lunch for my child is not provided. (Preschool only students do not need to be provided a lunch)

There are times when water play will be part of a structured lesson plan. I \_\_\_\_\_ give my permission for my child to participate in outdoor water play. This could include sprinklers, sponge and bucket, or sensory table play.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Director’s Signature \_\_\_\_\_ Date \_\_\_\_\_