



Date of application: ___/___/___
(mm/dd/yyyy)

Summer Program: June 7-July 1, July 12-August 5

children must be 3-5 years old to attend Fee: \$100/week full day; \$80/week half day

Monday-Thursday

8:00 am-3:00 pm full day

8:00 am-12:15 pm half day

Does your child have a nickname they prefer? _____

Language(s) spoken at home: _____ Countries family is from: _____

Consent is given for the items initialed below:

_____ Motor Vehicle Trips and/or Field Trips
Type of vehicle: Bus
Child restraint system to be used: Seatbelt

_____ Sunscreen
Provided by the family.

_____ Photo Release
My child may be photographed while in child care. Photos may be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program.

_____ Decline Photo Release
Do not photograph my child while in the child care program.

I, _____ parent or guardian of the child named above, give my permission to the Mary J Treglia Community House Preschool to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the Center's supervision. I also authorize the Center to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

For scholarship eligibility & data entry, please accurately fill out the following information:

Family's annual gross income _____

How many members are in the household? _____

I waive and release all rights and claims against Mary J. Treglia Community House and all of its agents for any accidents/injury my child may suffer in or around Mary J. Treglia Community House.

Signature: _____ Date: ____/____/____

I certify that all the information given on this form is correct to the best of my knowledge. I promise to notify Mary J. Treglia Community House if any information changes.

Signature: _____ Date: ____/____/____

- **You are responsible for supplying a copy of your child's physical examination report (updated within the past 12 months) and immunization record before your child may begin classes.**
- You are responsible for paying the \$20 application fee to secure the preschool position of your child upon application.

<u>OFFICE STAFF ONLY</u>	Yes or No?
Circle: Full day or half day?	
Is the application completely filled out?	
<i>Paid \$20 application fee?</i>	
<u>PRESCHOOL STAFF ONLY BELOW</u>	Date
Physical on child completed on:	
Immunization records given to center on:	
Date of Enrollment:	