



**The Nature Center Preschool**  
**"Where Kids Explore"**  
**Preschool Contract**



\_\_\_\_\_ is enrolled in the Nature Center Preschool.

Please circle your selection.

- 9:00 - 11:30 Tuesday / Thursday
- 9:00 - 11:30 Wednesday / Friday
- 12:30 - 2:30 Tuesday / Thursday

My child will attend Nature Center Preschool from September 7th or 8th, 2010 to May 12th or 13th, 2011. I agree to notify the preschool teachers if my child will not be in attendance due to illness or vacation, etc.

I understand and accept responsibility for payment of \$85.00 per month for morning classes or \$70.00 per month for afternoon classes payable to Lincoln Parks and Recreation on the first day of each month. I understand that late fees of \$15.00 will be applied if tuition is not paid by the tenth of the month. If children are not picked up promptly a fee of \$10 every 5 minutes will be charged.

I agree to pay an annual \$40 registration fee per child at the time of enrollment which will be applied to the May bill.

**Parental Permission Form**

I give permission for my child:

Yes / No

- \_\_\_ \_\_\_ To participate in outside activities that includes hikes around the Nature Center.
- \_\_\_ \_\_\_ To be photographed for any newspaper, videotaping, television coverage, or promotional materials.
- \_\_\_ \_\_\_ To participate in water and wading activities at the Nature Center.
- \_\_\_ \_\_\_ To share child's name & phone number with Nature Center preschool families.

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*



# Nature Center Preschool

Registration for September 2010 – May 2011



## Child's Health Form

**A copy of your child's immunization records must be included with your registration forms.**

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ sex \_\_\_\_\_ birth date \_\_\_\_\_

Family Physician \_\_\_\_\_

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

Health History: (check and give approximate date)

Ear Infection \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Convulsions \_\_\_\_\_

Behavior Problems \_\_\_\_\_

Allergies: Hay Fever \_\_\_\_\_ Insect Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Egg \_\_\_\_\_

Chocolate \_\_\_\_\_ Peanuts \_\_\_\_\_ Milk Products \_\_\_\_\_ Other \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Operations or serious injuries or illness \_\_\_\_\_

Restrictions to activities \_\_\_\_\_

Fears (insects, water, heights, animals, etc.) \_\_\_\_\_

Recent event that could cause an emotional problem (death in family, divorce, etc.) \_\_\_\_\_

Does your child take medication? \_\_\_\_\_ If so, what kind? \_\_\_\_\_

Special concerns: (glasses, hearing aids, etc.) \_\_\_\_\_



Receipt # _____
Amount pd _____
Date _____

Name of child: \_\_\_\_\_

Siblings: \_\_\_\_\_



**Consent to Contact Physician in Emergency**

In the event that I/We cannot be reached in an emergency, I hereby give permission to the physician selected by the Nature Center to secure proper treatment for hospitalization, order injection, anesthesia, or surgery for my child as named above. I understand the Nature Center does not carry health and accident insurance and that I, as Guardian, will be responsible for any bills incurred. I also give permission to transport my child off the Nature Center property for the purpose of medical care.

Signature of Parent \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

<b>Parent/Guardian Information</b>	
Mother's name: _____	Father's name: _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-mail _____

<b>Emergency Contacts Other Than Parent(s) or Authorized Persons to Whom Your Child May Be Released:</b>	
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State _____ Zip _____	City: _____ State _____ Zip _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

**Pioneers Park Nature Center  
2740 "A" St  
Lincoln, NE 68502**

## **The Nitty - Gritty**

For your child's safety and our record keeping, parents are required to sign in with the date and their initials next to the child's name. When leaving at the end of the day, parents sign out in the same way. If someone different will be picking up your child, please inform the teacher. If that person is unfamiliar to the teacher, a photo id will be required.

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## **Inclement Weather**

When in doubt, please call the Nature Center for confirmation on closing.

## **Medication**

Since your child is only at the Nature Center Preschool for 2 1/2 hours, our preference is that medications be given at home before or following preschool.



## **Illness**

We will call you if your child is not feeling well.

Parents will be notified if their child has been exposed to any communicable disease such as chicken pox, impetigo, head lice, scabies, pinworms, strep throat, pinkeye, or giardiasis.

If your child has been sick, please follow the guidelines to readmit your child to the Nature Center Preschool:

- \* Chicken pox: After the pox marks are no longer weeping and feel dry. Usually between 5 to 7 days.
- \* Impetigo: 36 hours after treatment begins.
- \* Head lice: After treatment begins and when all evidence of lice/eggs is gone.
- \* Scabies: After treatment begins
- \* Pinworms: After treatment begins
- \* Strep throat: 36 hours after treatment begins
- \* Pinkeye: 36 hours after treatment begins
- \* Giardia: After treatment begins and child has been diarrhea free for 36 hours.
- \* Shigella, hepatitis, meningitis, and other conditions not otherwise described: specific recommendations based on physician's advice.

**Nature Center Preschool**

441-7895