



# Pioneers Park Nature Center Preschool

## Registration Form 2014-2015

**Class Registering for (please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice)**

**Preschool – Ages 3 to 5**

\_\_\_\_\_ T/TH AM 9:00 to 11:30 am

\_\_\_\_\_ T/TH PM 12:30 to 2:30 pm

\_\_\_\_\_ W/F AM 9:00 to 11:30 am

**Pre K – Ages 4 to 5**

\_\_\_\_\_ M/W/F AM 9:00 to 11:30 am

\_\_\_\_\_ M/W/F PM 12:30 to 2:30 pm

### Child's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: (Mo/Day/Yr) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

### Parent/Guardian Information

Mother/Guardian Name: \_\_\_\_\_

Home Address: (if different than above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Home Address: (if different than above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Office Use: Deposit Information**

Receipt # \_\_\_\_\_ Amount Pd \$ \_\_\_\_\_ Check/Auth # \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

## Medical Information

Family Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

### Consent to Contact Physician in Emergency

In the event that I 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/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical History

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

1. Is your child under medical care? Yes No  
If yes, please explain: \_\_\_\_\_
2. Is your child taking any medication? If so, what kind and for what? \_\_\_\_\_  
\_\_\_\_\_
3. Date of child's last physical exam \_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_
4. Does your child have any allergies or other medical/physical problems our instructors should be aware of? Yes No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Surgical operations or serious injuries or illness? Yes No  
If yes, please explain: \_\_\_\_\_
6. Are there any restrictions to activities? \_\_\_\_\_  
\_\_\_\_\_
7. Recent event that could cause an emotional problem (death in family, divorce, etc)?  
\_\_\_\_\_
8. Does your child have any fears (insects, water, heights, animals, etc)?  
\_\_\_\_\_
9. Special concerns: (glasses, cochlear implants, etc.) \_\_\_\_\_

**Emergency Contacts and/or Authorized Persons  
Child May Be Released To (Other Than Parents)**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parental Responsibilities and Permission Form**

**Parental Responsibilities**

I understand and accept responsibility for payment of monthly tuition 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 15<sup>th</sup> of each month.

I understand that children are to be picked up promptly at class ending times and I will be charged a fee of \$15 for every 5 minutes I am late after class ends.

I agree to pay an annual non-refundable registration fee of \$50.00 per child at the time of enrollment.

I agree to notify the preschool teachers if my child will not be in attendance due to illness, vacation, etc.

I agree to give 30 days advanced written notice to the preschool director if for any reason my child will be withdrawing from the preschool program.

**Parental Permission:** *Please initial next to each item indicating permission/approval.*

I give permission for my child to:

\_\_\_\_\_ participate in outside activities that includes hikes around the Nature Center

\_\_\_\_\_ be photographed for any newspaper, videotaping, television coverage, or promotional materials.

\_\_\_\_\_ be photographed for the Lincoln Parks and Rec website and for social media sites such as Facebook.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Nature Center Preschool 2014-2015 Parent Information Sheet**

**Please keep for your records**

### **Drop Off/Pick Up Procedures**

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 manner.

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.

### **Medication**

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

### **Illness**

Please call the Nature Center if your child will be unable to attend preschool due to illness. If your child starts feeling ill while at preschool, a preschool staff member will call you.

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:

- Fever: 24 hours after fever breaks
- 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 & Pinworms: After treatment begins
- Strep Throat: 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 2014-2015 Parent Information Sheet

Please keep for your records

### Calendar

The Nature Center Preschool runs from September 4 or 5, 2014 thru May 19 or 20, 2015.

If your child will not be in attendance due to illness, vacation, etc., please notify the teachers. The Preschool phone number is 402-441-8669.

### Class Times

Children are to be picked up promptly at the end of class. A fee of \$15 for every 5 minutes will be charged for children not picked up promptly at the end of class.

Class Times	Class
9:00 am to 11:30 am	Monday/Wednesday/Friday AM
9:00 am to 11:30 am	Tuesday/Thursday AM
9:00 am to 11:30 am	Wednesday/Friday AM
12:30 pm to 2:30 pm	Tuesday/Thursday PM
12:30 pm to 2:30 pm	Monday/Wednesday/Friday PM

### Registration Fee/Monthly Tuition Fees

A \$50 registration fee is required to process your registration form. The registration fee is non-refundable and cannot be applied to monthly tuition fees.

Tuition fees are based on the number of days children are in preschool. The fee is then broken down and spread out over the nine months preschool is in session.

Fee Per Month	Class
\$132.00	Monday/Wednesday/Friday AM class
\$106.00	Monday/Wednesday/Friday PM class
\$95.00	Tuesday/Thursday AM class
\$95.00	Wednesday/Friday AM class
\$80.00	Tuesday/Thursday PM class

Monthly tuition fees are due the first day of each month payable to Lincoln Parks and Recreation. A late fee of \$15.00 will be applied to tuition if not paid by the 15th of each month.

### Withdrawal from Program

If for any reason you withdraw your child from the program, the preschool director must receive 30 days written notice prior to you leaving. If withdrawal occurs in the middle of a month, parents are liable for the full monthly tuition. If notice is not received 30 days in advance of withdrawal, parents are liable to pay full tuition for the balance of the year unless a replacement student can be found.



**Pioneers Park Nature Center Preschool  
Lincoln Parks and Recreation**

**Warning of Risk  
Waiver and Release of all Claims**

**Participant's Name:** \_\_\_\_\_

For and in consideration, the undersigned parent(s) or guardians (s) of the participant in Pioneers Park Nature Center Preschool, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participation in any and all activities connected with or associated with such programs.

I/we do hereby declare that we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injury, including death, damage, or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program.

I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages, or losses sustained by the undersigned or my minor child/ward or arising out of this program.

I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

**Signature of Parent(s) or Guardian(s):**

\_\_\_\_\_

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

**Relationship** \_\_\_\_\_