



## **Registration Application 2018/2019**

### **New Family**

Child Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

#### **What program is your child eligible for?**

##### ***Morning Programs***

***9:00 a.m. to 1:00 p.m.***

- Daisy – If your child is 1 but under 2 by May 31, 2018
- Chickadee – If your child is 2 by May 31, 2018
- Apple Blossom – If your child is 3 by May 31, 2018
- Blue Jay – If your child will be 4 by May 31, 2018

##### ***Afternoon Program***

***1:30 p.m. to 5:30 p.m.***

- Duckling – If your child is 1 but under 3 by May 31, 2018

*\*Please note: In some cases, a child may be better suited in a class outside of this eligibility range. All final placement decisions are left to the discretion of Ms. Rita.*

#### **Program applied for:**

*Please check the program, circle the number of days, and the days of the week you would prefer.*

- |  |                    |                     |
|--|--------------------|---------------------|
| <input type="checkbox"/> Daisy Toddler Program         | 2 – 3 – 4 – 5 days | M – Tu – W – Th – F |
| <input type="checkbox"/> Chickadee Preschool           | 2 – 3 – 4 – 5 days | M – Tu – W – Th – F |
| <input type="checkbox"/> Apple Blossom Preschool/Pre-K | 2 – 3 – 4 – 5 days | M – Tu – W – Th – F |
| <input type="checkbox"/> Blue Jay Pre-K/Kindergarten   | 3 – 4 – 5 days     | M – Tu – W – Th – F |
| <input type="checkbox"/> Duckling Program              | 2 – 3 – 4 – 5 days | M – Tu – W – Th – F |

#### **Additional details – Please select all that apply.**

- ☐ I would like to utilize extended morning care (7:45a.m. – 9:00a.m.)

I would need morning care: ☐ full time ☐ part time ☐ occasionally

- ☐ I would like to utilize extended afternoon care (1:00p.m. – 5:45p.m.)

I would need afternoon care: ☐ full time ☐ part time ☐ occasionally

- ☐ If my morning program preference is full, I would like to register for the Duckling program as my second choice.

- ☐ If the Duckling program is full, I would like to register for a morning program as my second choice.

#### **Information about the Family**

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternative Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Work \_\_\_\_\_

Occupation \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Alternative Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Work \_\_\_\_\_

Occupation \_\_\_\_\_



# A Child's Garden LLC

2150 NE Studio Rd Suite #A1, Bend, OR 97701 | (541) 617-0434

Please tell us a bit about your child. \_\_\_\_\_

How did you hear about A Child's Garden? \_\_\_\_\_

Please provide a list of people who the child may be released to on a regular basis:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

## **Emergency Information**

Emergency contact persons (in case the parents cannot be reached)

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

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

Preferred Medical Location: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Any known medical condition(s) \_\_\_\_\_

## **Medical Information**

General Health (describe) \_\_\_\_\_

Does child have any known allergies or food sensitivities? \_\_\_\_\_

Does child have any physical challenges or special needs? \_\_\_\_\_

Please list major illnesses, childhood diseases, accidents, etc. \_\_\_\_\_

Current medication(s) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out this form completely and submit with registration fee to:

A Child's Garden LLC  
2150 NE Studio Rd, A1  
Bend, OR 97701

Registration fee is \$100 for those accepted into the school. A waitlist fee of \$50 is due to hold a spot on the waitlist (the balance of the registration fee will be due if child is admitted to the school).

If you have questions, please contact Ms. Anna by phone (541-848-8821) or email at [achildsgarden.anna@gmail.com](mailto:achildsgarden.anna@gmail.com).

*A Child's Garden admits students of any race, creed, physical handicap, national or ethnic origin.*