

For office use
only:
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AM 2dy 3dy
PM 2dy 3dy

AHM Youth Services KinderRHAMa Preschool Registration Form for 2017-2018

Name of Child: _____ Age in Sept. 2017: _____

Date of Birth: _____ Town where child resides: _____

Mother's Name: _____

Address: _____ Town _____ Zip: _____

Home Phone: _____ Cell phone: _____

Email Address (Please print neatly): _____

Father's Name: _____

Address (if different than Mother's
Address): _____ Town: _____ Zip: _____

Home Phone if different than mother's) _____ Cell Phone: _____

Email Address (Please print neatly): : _____

The **best** phone number(s) to reach parent(s) during the hours of preschool (7:00 AM-2:30 PM)

1. _____ Please check __Mother __Father __Home __Cell __Work

2. _____ Please check __Mother __Father __Home __Cell __Work

I would like to register my child for the:

___ 3 year old program (held T/Th from 8:30-12:00) Age requirement: 3 by 12/31/17

___ 4 year old program (held M/W/F from 8:30-1:00) Age requirement: 4 by 12/31/17

Add on options:

I am interested in the (Please check whichever you would like your child to attend)

___ Before Care program 7:00-8:30 AM

___ M/W/F

___ T/Th

___ After Care Program

___ M/W/F from 1:00-2:30

___ T/Th from 12:00-2:30

**AHM KinderRHAMa Preschool
Emergency Form**

Child's Name: _____

In the event that the above named child becomes ill or is injured, I understand that a reasonable attempt will be made to contact me or my spouse.

Parent's name: _____

Best Name of person to reach during school hours: _____

Best Phone Number at which to reach this person during school hours: _____

Please list the best person(s) and phone number(s) to reach friends/relatives during hours your child will be in school if parents are unavailable. **Please list people who are local.**

I give permission for the following person(s) to assume temporary care of and to provide transportation for my child if we, the parents, cannot be contacted:

1. Name: _____ Relationship to Child: _____ Phone: _____

Alternate Phone: _____

2. Name: _____ Relationship to Child: _____ Phone: _____

Alternate Phone: _____

3. Name: _____ Relationship to Child: _____ Phone: _____

Alternate Phone: _____

Child's physician or Clinic: _____

Address: _____ Phone: _____

Know Medical Conditions: _____

Allergies and Expected reactions: _____

Is treatment usually required? _____

If, in the opinion of the teachers and school nurse, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport.

If the situation permits, I prefer one of the following hospitals:
(We suggest the hospital(s) where your pediatrician practices): _____

If the situation permits, I prefer one of the following surgeons:

I authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia, and perform surgery for :

Child's Name: _____ **Birth Date:** _____

During my absence while my child is under the care of the AHM Youth Services/RHAM KinderRHAMa Preschool program. I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of their best judgment.

Signature: _____

Relationship: _____

Date: _____

RHAM Automated Notification System

Which phone number and email would you like used for the RHAM Automated Notification System (Used for emergencies, security alert systems, etc.)?

Phone Number: _____

Email: _____

Phone Number: _____

Email: _____

**AHM KinderRHAMa Preschool
Family and Developmental Information**

(Please Print)

Please note: This section is to help us better understand your child, their development up to this point, and their temperament. This information will be held confidential among staff members.

Name of Child: _____ Age of Child in September 2017 _____

Date of Birth: _____

Other children's names: _____ Age: _____

_____ Age: _____

_____ Age: _____

Is this your child's first experience away from you? _____

Do you have any family members who attend RHAM High School? ___ Yes ___ No

Do they have permission from you to visit your child? ___ Yes ___ No

Is there any information you would like the teachers to know about your child?
(Operations, absence from home, death in family, divorce of parent, particular fears, new siblings, etc.)

Do parents live in the same household? ___ Yes ___ No

If "Yes", please skip to "Development" Section

Please check your preferences for who has the permission to do the following:

Pick up child from school: ___ Mother ___ Father

Discuss child's school attendance: ___ Mother ___ Father

Discuss your child's academic or social progress: ___ Mother ___ Father

Would you like two copies of notices (newsletters, announcements, etc.) in your child's cubby? ___ Yes ___ No

Development

1. Has your child been particularly fast or slow in:

	FAST	SLOW	AVERAGE
Walking:	_____	_____	_____
Climbing:	_____	_____	_____
Talking:	_____	_____	_____
Understanding what is said to him/her:	_____	_____	_____
Being able to solve puzzles	_____	_____	_____
Playing with other children	_____	_____	_____

2. Has your child been screened by Birth-3?

If so, for what area(s) of development?

3. Did he/she receive services from Birth-3?

4. Has your child been screened by the public school in the town where you live?

___Y ___N

5. Please circle any of the following items that apply or describe your child:

Excitable Friendly Social Happy Shy Active
Leads Others Likes to play by self Withdrawn Fearful Cheerful Serious
Immature Shows anger when frustrated Creative Strong-willed Slow to warm up

6. What fears does your child have:

7. How does your child do in the following situations:

- Transitions (for example, coming in from playing outside, cleaning up after an activity): ___Usually ok ___Has some difficulty ___Has much difficulty
- Sharing: ___Usually ok ___Has some difficulty ___Has much difficulty
- Not getting his/her way: ___Usually ok ___Has some difficulty ___Has much difficulty

8. Is there anything else you would like us to know about your child?

KinderRHAMa Preschool
Permission to release contact information to class members

We would like to distribute, with your permission, a list of children in each class to other class members with children's names, parent's names, addresses, and phone numbers. Please check whether this is acceptable to you:

I give permission for my contact information (phone, address, and e-mail) to be included on a class list

OR

I give permission for certain contact info to be included on a class list (Please circle which ones are acceptable to you)

phone # email address regular address

OR

I do not give permission for my contact information to be included on a class list

Photograph Permission

I, _____ do/do not give permission to have any
(Please Print) (please circle one)
photographs taken of my child(ren) _____ for use in the
Preschool program. I understand that the photograph(s) will be used for activity purposes
in the preschool.

I, _____ do/do not give permission to have any
(Please Print) (please circle one)
photographs taken of my child(ren) _____ to be
submitted to newspapers/magazines/newsletters/AHM Social Media.

Parent Signature

Date

Release of information

I, _____, hereby authorize KinderRHAMa Staff
(Parent or Guardian's Name)
to release/obtain written or verbal information concerning my child(ren)'s progress and
academic records from: KinderRHAMa Preschool, located at RHAM High School, 25
Wall Street, Hebron, CT 06248, for the purpose of educational placement, and referrals to
services as needed.

I may revoke this authorization, in writing, at any time. Otherwise, it will expire in 14
months of date signed.

Parent or Guardian's Name

Relationship to Child

Date Signed

AHM KinderRHAMa Preschool Pick-up Permission

Please list people (other than child's parents) who have permission to pick up your child.
Both parents have permission to pick up the child unless you tell us otherwise.

____ I give permission for the following people to pick up my child, _____
from the program: Child's first and last name

1. Name: _____ Relationship to Child: _____

2. Name: _____ Relationship to Child: _____

3. Name: _____ Relationship to Child: _____

4. Name: _____ Relationship to Child: _____

Parent's Name: _____ Date: _____

Late Pick Up

KinderRHAMa preschool program promptly ends at 12:00 PM for the 3 year old class, 1:00 PM for the 4 year old class and 2:30 for after care. We understand that sometimes there are circumstances where a parent may be late, but we would like to minimize these as much as possible.

If a parent is late more than once, a late pick-up fine will be charged a late pick up fee of \$20.00.

Please read and sign below:

____ I have read the late pick up procedure

Parent Name (Please print): _____

Parent Signature: _____ Date: _____

Payment Schedule Options

I would like to choose the following options for tuition:

Please check and initial one of these options:

If you are making more than 1 payment, checks will not be accepted. Please fill out the credit card/ACH Form (Electronic Debit Payment Authorization)

___ **A.** Tuition submitted in full, **due on June 1, 2017** (Courtesy Discount: \$60 for the 3 year old program and \$100 for the 4 year old program)

If you make 1 payment, you can pay by check, credit card, or ACH

For Families enrolling prior to June:

___ **B.** Tuition submitted in **2 payments, due on June 1, 2017 and January 1, 2018** (Courtesy discount: \$30 for the 3 year old program, and \$50 for the 4 year old program)

___ **C.** Tuition submitted in **3 payments, due on June 1, 2017, November 1, 2017, and March 1, 2018.** (Courtesy discount: \$25 for the 3 year old program, and \$35 for the 4 year old program)

___ **D.** Tuition submitted in **10 payments, due on June 1 2017, July 1 2017, August 1 2017, September 1 2017, October 1 2017, November 1, 2017, December 1, 2017, January 1, 2018, February 1, 2018, and March 1, 2018.**

For families enrolling after June 30th or after the start of the program:

___ **E.** Monthly tuition payments will be calculated based upon the date of enrollment, with the final payment scheduled to be received by April 1st, 2018.

Thank you for enrolling your child in KinderRHAMa, and we look forward to a great year! We want to make sure that parents have read and understand our policies. Please sign this page to indicate that you have read the Parent Handbook:

Receipt of Parent Handbook

Child's Name: _____

Parent's Name: _____

I have read the KinderRHAMa Preschool Program Parent Information book for 2017-2018 and understand the policies.

Parent Signature: _____ Date: _____

**AHM Youth and Family Services
Recurring Payment and Credit Card Authorization Form**


How Recurring Payments Work: You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an “ACH Debit.” You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **AHM Youth and Family Services** to charge my
(full name)
credit card or checking/savings account for KinderRHAMa Preschool tuition according to the payment schedule chosen. Charges are processed on the first day of the month.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	
	
Please attach a copy of a voided check	

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Name on Acct: _____	
Account number _____	
Exp. Date _____	
V Code _____	
Please attach a copy of the credit card.	

SIGNATURE _____ **DATE** _____

I agree to notify **AHM Youth and Family Services** in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **AHM Youth and Family Services** may at its discretion attempt to process the charge again within 10 days, and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.