

For office use  
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## AHM Youth Services KinderRHAMa Preschool Registration Form for 2016-2017 School Year

Name of Child: \_\_\_\_\_ Age in Sept. 2016: \_\_\_\_\_

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 (7:00-2:30):

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 12/31/16

\_\_\_\_ 4 year old program (held M/W/F from 8:30-1:00) Age requirement: 4 by 12/31/16

Add on options:

I am interested in the

\_\_\_\_ Before Care program (Held T/Th from 7:00-8:30 for 3 year olds, M/W/F from 7:00-8:30 for 4 year olds)

\_\_\_\_ After Care Program (Held M/W/F from 1:00-2:30 for 4 year olds, T/Th from 12:00-2:30 for 3 year olds)

Please return with a non-refundable registration fee of **\$30** made payable to "AHM Youth Services". You will be receiving a packet of forms and a Parent handbook for 2015-2016 school year. **The first payment will be due June 15, 2016**



**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 2016 \_\_\_\_\_

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.

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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.

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Parent or Guardian's Name

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Relationship to Child

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Date Signed

## AHM KinderRHAMa Preschool Pick-up Permission

Please list people (other than child's parents) who have permission to pick up your child.  
**It is not necessary to list the child's father.**

\_\_\_\_ 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 one)

- A.** Tuition submitted in **1 payment, due on June 1, 2016** (Courtesy Discount: **\$60** for the 3 year old program and **\$100** for the 4 year old program )
- B.** Tuition submitted in **2 payments, due on June 1, 2016 and January 1, 2017** ( 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, 2016, November 1, 2016, and March 1, 2017.** (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, 2016. August 1, 2016, September 1, 2016, October 1, 2016, November 1, 2016, December 1, 2016, January 1, 2017, February 1, 2017, March 1, 2017, and April 1, 2017.**

## Payment Method (Please check one)

- Credit Card to be charged according to the schedule I have chosen above (If you choose this option, please fill out attached credit card authorization form)
- Check or cash to be submitted according to the schedule I have chosen above

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 2016-2017 and understand the policies.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



