

## AHM Youth Services KinderRHAMa Preschool Registration Form for 2018-2019

Name of Child: \_\_\_\_\_ Age as of Sept. 1, 2018 \_\_\_\_\_

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  
(phone)

2. \_\_\_\_\_ Please check \_\_Mother \_\_Father \_\_Home \_\_Cell \_\_Work  
(phone)

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 12/31/18

\_\_\_ 4 year old program (held M/W/F from 8:30-1:00) Age requirement: 4 by 12/31/18

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: \_\_\_\_\_

**Known Medical Conditions:** \_\_\_\_\_

**Allergies and Expected Reactions:** \_\_\_\_\_

Is treatment 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 as of September 1, 2018 \_\_\_\_\_

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 or videos taken of my child(ren) \_\_\_\_\_ to be  
submitted to newspapers/magazines/newsletters/AHM Social Media/AHM Website

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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.

\_\_\_\_\_  
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 ends 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, you will be charged for after care on that day.**

\_\_\_\_\_  
Please read and sign below:

\_\_\_ I have read the late pick up procedure

Parent Name (Please print): \_\_\_\_\_

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

## Payment Schedule Options

Please check and initial one of these payment options.

Please fill out the ACH Form (Electronic Debit Payment Authorization) if applicable.

- *Tuition payments utilizing a credit card will not receive a courtesy discount.*

I would like to choose the following options for tuition

- A.** Tuition submitted in full, **due on June 1, 2018** (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, 2018 and January 1, 2019** (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, 2018, November 1, 2018, and March 1, 2019.** (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 2018, July 1 2018, August 1 2018, September 1 2018, October 1 2018, November 1, 2018, December 1, 2018, January 1, 2019, February 1, 2019, and March 1, 2019.** *Only ACH payments will be accepted for this option.*

**For families enrolling after June 30<sup>th</sup> 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 1<sup>st</sup>, 2019. *Only ACH payments will be accepted for this option.*

\*\* *Tuition payments utilizing a credit card will not receive a courtesy discount.*

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**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.

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 2018-2019 and understand the policies

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