

**Rehoboth Preschool Academy  
Registration Application**

Child's Full Name \_\_\_\_\_ Goes by \_\_\_\_\_

M  F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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

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

Child's Living Arrangements  Both parents  Mother  Father  Other

Child's Legal Guardian  Both parents  Mother  Father  Other

Mother's Name \_\_\_\_\_ Mother's Email \_\_\_\_\_

Mother's Address (if different from child's) \_\_\_\_\_

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

Mother's Cell Phone \_\_\_\_\_ Mother's Home Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Mother's Employer's Address \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Father's Email \_\_\_\_\_

Father's Address (if different from child's) \_\_\_\_\_

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

Father's Cell Phone \_\_\_\_\_ Father's Home Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Father's Employer's Address \_\_\_\_\_

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

Child's Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

(Please furnish a copy of immunizations within 30 days of enrollment)

List persons other than yourself and your spouse to whom we may release your child or call in case of an emergency and we are unable to reach you:

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

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

List any persons who may **NOT** pick up your child \_\_\_\_\_

Child's Name \_\_\_\_\_

Persons to contact in case of an emergency and parent(s)/legal guardian cannot be reached:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Please describe any physical problems or information we should know about: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies you child has: \_\_\_\_\_

\_\_\_\_\_

Please list any medications your child is taking: \_\_\_\_\_

\_\_\_\_\_

**I verify the above information to be correct. I understand that I cannot register my child without appropriate age documentation, which is attached to this registration form.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Photo Release Form

Rehoboth Preschool Academy has my permission to use my child's photo and artwork, I understand that the images may be used in print publications, website, and social media (Facebook). I also understand that no royalty fees or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (Please Print):

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

## Parental Agreements with Child Care Facility

The **Rehoboth Preschool Academy** agrees to provide day care for

\_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
(Name of Child) (Days of Week)

from \_\_\_\_\_ to \_\_\_\_\_.  
(Month) (Month)

My child will participate in the following meal plan: (circle one)

**Half Day:** Lunch Only

**Full Day:** Breakfast, Lunch, and Afternoon Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The **Rehoboth Preschool Academy Staff** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

**Rehoboth Preschool Academy.**

(Name of Facility)

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator/Person-In-Charge)



## Parent Handbook & Orientation

Please sign and return this form to the front office before or on the day of enrollment.

I have received the RPA Parent Handbook. I understand the policies and procedures listed in the handbook. I attended a tour/orientation before enrolling my child in the program. I will adhere to the policies and procedures listed in the handbook and discussed during the tour/orientation.

Child's Name(s): \_\_\_\_\_

Child's Age(s): \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Administrator Initials: \_\_\_\_\_ Date: \_\_\_\_\_