



# Registration Form

### Items needed at the time of registration...

- A **non-refundable** registration fee: Students new to the school ~ \$115.00; Currently enrolled students ~ \$90.00
- An **original** birth certificate or passport, for students new to the school

### Truro Preschool & Kindergarten Office Use Only

Reg. Fee \$ \_\_\_\_\_ Class \_\_\_\_\_ TEACHER \_\_\_\_\_

Check # \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Verified By: \_\_\_\_\_

Date \_\_\_\_\_ Birth Certificate/Passport Number: \_\_\_\_\_

Peachtree ID \_\_\_\_\_ Student ID \_\_\_\_\_ Notes \_\_\_\_\_

1<sup>st</sup> Choice Class \_\_\_\_\_ 2<sup>nd</sup> Choice Class \_\_\_\_\_

Note any placement request here: \_\_\_\_\_

*Please note: Final class placement depends on many factors and is subject to the discretion of TPK administration and your child's current teachers.*

Child's Name: \_\_\_\_\_ Name you want the child to be called in school: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Primary language spoken at home (please circle): Chinese English Farsi Korean Spanish OTHER: \_\_\_\_\_

### Father Information

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address (If Not Child's): \_\_\_\_\_

Email address: \_\_\_\_\_

### Mother Information

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address (If Not Child's): \_\_\_\_\_

Email address: \_\_\_\_\_

### Emergency Information

*Please list two local people (other than parents) to contact in case of an emergency when parents can not be reached. If English **is not** your primary language, one of your contacts **must** speak English.*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Alternate Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

# Child Information

The teacher finds this information helpful in preparing the classroom and getting to know your child.

Child's Full Name (include preferred name) \_\_\_\_\_

## ***FAMILY LIFE***

Adults who live in the home:

---

---

Siblings and their Ages:

---

---

Pets and their Names:

---

Ages and gender of the other children with whom your child interacts:

---

---

List your child's favorite play activities, toy, books and stories: \_\_\_\_\_

---

Please include what your child's comfort/security item is and its special name:

---

Does your child have any fears: YES NO If yes, please elaborate:

---

---

## ***CHURCH INFORMATION***

Is your family actively involved in a local church? YES NO

If yes, please circle which denomination applies: Anglican Assembly of God Baptist Catholic

Episcopal Independent Bible Lutheran Methodist Presbyterian Other: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Family and marriage are important priorities at Truro Preschool and Kindergarten and Truro Anglican Church.

Would you be interested in being contacted about family/marriage related activities offered by Truro Anglican Church? YES NO

If yes, how would you prefer someone contact you?

By phone / By email

## **HOME/SCHOOL**

***In order to provide the best possible experience for your child we need you to thoroughly and thoughtfully answer the following questions:***

Do you have any concerns about your child's development or educational needs? YES NO

If yes, please elaborate: \_\_\_\_\_

Are they currently being evaluated by a public or private agency? YES NO

If yes, please elaborate: \_\_\_\_\_

Is your child receiving, or have they received, any special services from public or private agencies for any physical, emotional, or academic reasons? (This includes having used the services of a 'shadow'.)

YES NO If yes please explain: \_\_\_\_\_

Does your child have a current 'Individual Educational Plan' (IEP), 504, or IFSP? YES NO

**If yes, a current copy is required by the Preschool before class placement can be made.**

***As part of admission we reserve the option of requiring a shadow at the parent's expense to provide the best experience for the child and the class.***

***MEDICAL ~ it is extremely important that this section be completed in detail.  
Please use the back if more space is needed.***

Does your child have any allergies? YES NO

If yes, please describe the allergy and possible reactions: \_\_\_\_\_

Is an 'Epi-Pen' required for any of these allergies? YES NO If yes, please indicate which allergies: \_\_\_\_\_

If your child has a prescribed Epi- Pen this medication must be provided by you, with physician authorization, and will be kept in most cases in your child's classroom. Specific forms for your doctor to complete will be sent to you during the summer. These forms must be returned with the appropriate medication by the first day of school.

Is Benadryl or any other antihistamine needed for allergies? YES NO If yes, please indicate which allergies: \_\_\_\_\_

Does your child have any other medical conditions (asthma/diabetes/seizure disorder/etc) which the Preschool should be aware of? YES NO If yes, please be specific: \_\_\_\_\_

Does your child have any food restrictions or dietary concerns? YES NO

If yes, please indicate the food(s) and reason for the restriction: \_\_\_\_\_

If your child will require medication to be kept at School, specific forms MUST be filled out by your physician in order for any medication to be dispensed at school. Please list the medication(s) below: \_\_\_\_\_

## CHILDCARE HISTORY

Does your child attend any other activities (Sunday school, Mother's Day Out, dance, etc)? YES NO

Please list: \_\_\_\_\_  
\_\_\_\_\_

Has your child attended any other nursery or child care center? YES NO

If yes, please note the name and type of Facility(ies): \_\_\_\_\_  
\_\_\_\_\_

What is most important to you about your child's preschool experience? \_\_\_\_\_  
\_\_\_\_\_

Please provide any information that will help make this a happy time for you and your child.  
\_\_\_\_\_  
\_\_\_\_\_

*We welcome parents' participation in our classrooms! If you have any special skills or talents, if you work in a "community helper" profession (i.e., medicine, police, dentistry, art, plumbing, electrical, vet, work with specialized vehicles, etc.), if you like to read stories to children, build, cook, and/or have outdoor skills, we'd love to have you share your skills/talents/vehicles with a class. You'll receive more information about how to volunteer in your child's classroom in your Summer Packet.*

---

The Preschool has my permission to list my child's name and our family's name, address, telephone number(s), and e-mail address in a directory provided to Preschool families. YES NO

Preschool families are invited to participate in all Truro Anglican Church activities. Would your family like to be included in the Truro T-Mail distribution list and other mailings? YES NO

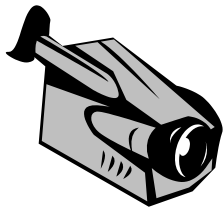
All information on this form will be kept confidential.

***I have read the Parent Handbook (go online to [www.truopreschool.org](http://www.truopreschool.org)) and agree to abide by the policies and procedures stated within.***

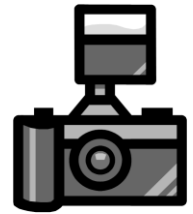
***By signing this I agree that to pay tuition via FACTS, the Preschool's Tuition Management Company, and understand there is a fee of no more than \$45.00 per year.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Photo/Video Permission and Release Form



**This form only covers TPK's use of photographs of students.  
We cannot influence the social media use of people outside of the TPK staff.**

*TPK may use photos we take of our students in a variety of ways, including...*

- **External:** On our website, in TPK publications, or on TPK's social media sites
- **Internal:** On slide shows and other internal presentations (such as Back-to-School Night and Kindergarten graduation); for class communication sites such as Shutterfly (password protected and limited to your child's class only)

*Please check one of the following options and sign below.*

- I give permission for Truro Preschool & Kindergarten to take photographs or video of my child for *any use, internal or external*. I understand these photos and/or videos may be shared with staff, parents, Truro Church web page browsers, and others for the purpose of education, training, and presenting the school's programs.
- I request that my child not be included in any photographs or videos taken during the 2017-2018 school year *for use outside of Truro Preschool*.

Student's Name: \_\_\_\_\_

Parent Full Name (*Please Print*): \_\_\_\_\_

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



# Authorization for Emergency Treatment

I, \_\_\_\_\_, hereby authorize any physician  
(PARENT OR GUARDIAN)

member of the Department of Emergency Medicine of Fair Oaks Hospital, Fairfax Hospital, Emergency Care Center of Reston / Herndon, and Mount Vernon Hospital or any member of the Medical Staffs of the Above mentioned hospitals requested by the Department of Emergency Medicine physician, to render medical treatment, which in his/her judgment may be deemed necessary in the care of

\_\_\_\_\_  
(NAME OF CHILD OR DEPENDENT)

Child's Date of Birth: \_\_\_\_\_

Child's Allergies (if any): \_\_\_\_\_

Child's Dr.: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Family Dr.: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Medicines Child is taking: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Outstanding Medical History (ex. Diabetes, Heart Disease, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Insurance Information

Insurance Company: \_\_\_\_\_

Identification / Policy No.: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Subscriber's Place of Employment: \_\_\_\_\_

Subscriber's Telephone No.: \_\_\_\_\_

ALL PARENTS AND GUARDIANS ARE RESPONSIBLE FOR MAINTAINING THIS CONSENT FORM AS IT CANNOT BE MAINTAINED BY THE HOSPITAL.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN