



2020-2021 Registration Form

Welcome to TPK! Here's what you need to bring for registration....

- **Registration fee:** Your registration fee is non-refundable.
- Original **birth certificate or passport** (not a copy); for new students only.

I am registering for the following lottery...

- In-House registration (currently enrolled families)
- Alumni registration (families of previous students)
- Open registration (families new to the school)

I am registering a student who...

- is new to TPK (registration fee \$120)
- is currently enrolled at TPK (registration fee \$90)

Child's Full Name: _____ **What name will your child use at school?** _____

Gender: Male Female **Date of birth:** _____

<u>Class Selection</u>	<u>Placement/Teacher Request</u>
1 st Choice _____	<i>(Please note: Final class placement depends on many factors. We cannot guarantee placement with a specific teacher.)</i>
2 nd Choice _____	

Family Contact Information

Mother's Information

Full Name: _____

Address: _____

Email address: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father's Information

Full Name: _____

Address: _____

Email address: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact Information

*Please list two local people (other than parents) whom we may contact in an emergency if parents cannot be reached.
We request that at least one emergency contact speak English.*

Emergency Contact #1

Full Name: _____

Relationship to child: _____

Daytime Phone: _____

Alternate Phone: _____

Emergency Contact #1

Full Name: _____

Relationship to child: _____

Daytime Phone: _____

Alternate Phone: _____

TPK Office Use

Reg. Fee \$ _____	BC/Passport Number: _____	Class: _____
Check # _____	Place of Birth: _____	Teacher: _____
Date paid _____	Verified By: _____	Peachtree ID: _____
		Student ID: _____

Photo/Video Release

This form only covers TPK's use of photographs of students.

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.

- 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 2020-2021 school year *for use outside of Truro Preschool*. I understand that my child may be videotaped during special events such as Nativity Pageants and Preschool Sunday.

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: _____

Notable Medical History (ex. Diabetes, Heart Disease, etc.):

Medicines child is taking: _____

Child's allergies (if any) : _____

Date of last Tetanus shot: _____

Child's Doctor: _____

Telephone #: _____

Child's Dentist: _____

Telephone #: _____

Insurance Information

Insurance Company: _____

ID/ 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

About Your Family

Information on the next two pages helps your child's teacher learn about your child before the beginning of school.

Your child's full name: _____ What will we call your child at school? _____

What adults live at home with your child?

Does your child have siblings? What are their names and ages?

What is the primary language spoken at home?

Any other languages spoken at home?

Does your family have any pets?

Is your family affiliated with a local faith community or church? _____ If yes, what faith or denomination? _____

Tell us the name of your faith community if applicable. _____

About Your Child

What are your child's favorite toys and activities?

Does your child have any fears?

Does your child have a comfort/security item? What is it?

What would you like your child's teacher to know about your child? _____

About Your Child's School Experience

Has your child had a preschool/childcare (daycare, church nursery) experience before? YES NO

If yes, please tell us about it: _____

What is important to you about your child's preschool experience? _____

We welcome parents' participation in our classrooms! If you have any special skills or talent; 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.

Would you be interested in helping in the classroom? (Reading to children, Room Parent, making play-dough?) YES NO

Do you have a hobby or talent you'd like to share with your child's class? Tell us about it: _____

Developmental Needs & Concerns

This section tells us about your child's development, and helps us to know how best to support your child in the school environment.

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

If yes, please tell us about your concerns: _____

Has your child been evaluated, past or currently, by any public or private agency regarding his or her developmental or behavioral needs? YES NO

If yes, please elaborate: _____

Is your child receiving, or has he/she received, any special services for any physical, emotional, or academic reasons?

YES NO If yes, please elaborate: _____

Does your child have a current IEP, 504, or IFSP? YES NO

Health Information

It is extremely important to complete this section in detail. This helps us to understand your child's health needs while at school.

Does your child have any environmental or food allergies? YES NO

If yes, please describe the allergy and possible reactions:

Does your child require Epi-pen (or equivalent) or Benadryl?

Does your child have any medical conditions we should be aware of? (Examples include asthma, diabetes, seizure disorder, and other conditions.) YES NO

If yes, please be specific:

Does your child require any medication to be kept at school?

Does your child have any food restrictions, dietary preferences, or other dietary concerns? YES NO If yes, please elaborate: _____

Parent Signatures

By signing this form, you acknowledge the following...(please initial each one)

_____ I have read the Parent Handbook (online at truropreschool.org) and agree to abide by the policies and procedures stated within.

_____ My registration fee is non-refundable.

_____ I agree to pay tuition via FACTS, the tuition management service contracted to TPK, and understand there is a fee payable to FACTS for this service.

_____ Financial aid is available by application. Please contact Carey Lansing (clansing@truroanglican.com) for a form. Requests are due by February 28.

(Signature of Parent/Guardian)

(Date)