



PEOPLEPLACE
 Cooperative Preschool
 BOX 644 CAMDEN, MAINE 04843 | (207) 236.4225

REGISTRATION FORM 2017 - 2018 SCHOOL YEAR

CHILD'S NAME _____ BIRTH DATE _____

MAILING ADDRESS _____

STREET ADDRESS (IF DIFFERENT) _____

MOTHER'S NAME _____ E-MAIL _____
 (OR LEGAL GUARDIAN)
 ADDRESS (IF DIFFERENT FROM ABOVE) _____

MOTHER'S PHONE: HOME _____ WORK _____ CELL _____

EMPLOYED BY (INCLUDE ADDRESS) _____

FATHER'S NAME _____ E-MAIL _____
 (OR LEGAL GUARDIAN)
 FATHER'S ADDRESS (IF DIFFERENT) _____

FATHER'S PHONE: HOME _____ WORK _____ CELL _____

EMPLOYED BY (INCLUDE ADDRESS) _____

EMERGENCY CONTACT (OTHER THAN PARENT) _____

TELEPHONE _____ ADDRESS _____

NAMES OF PERSONS PERMITTED TO REMOVE CHILD FROM PEOPLEPLACE: _____

*(Peopleplace **must** be notified by the parent/legal guardian when regular transportation or pick-up methods vary.)*

MORNING PROGRAM

TODDLER: MONDAY THRU FRIDAY MON/TUES/THURS WEDS/FRI
 UPSTAIRS: MONDAY THRU FRIDAY MON/TUES/THURS WEDS/FRI

(PLEASE CIRCLE)

EXTENDED DAY LUNCH – 1PM	MON	TUE	WED	THURS	FRI
EXTENDED DAY EARLY AFTERNOON - 3PM	MON	TUE	WED	THURS	FRI
EXTENDED DAY LATE AFTERNOON - 5PM	MON	TUE	WED	THURS	FRI
EARLY DROP OFF – 8 AM	MON	TUE	WED	THURS	FRI
AFTER SCHOOL – 4PM	MON	TUE	WED	THURS	FRI
AFTER SCHOOL – 5PM	MON	TUE	WED	THURS	FRI

(CONTINUED ON BACK)

MEDICAL INFORMATION:

CHILD'S DOCTOR _____
DOCTOR'S ADDRESS & TELEPHONE _____
DATE OF LAST PHYSICAL _____
IMMUNIZATION FORM RECEIVED YES _____ NO _____

FAMILY DENTIST _____
DENTIST'S ADDRESS & TELEPHONE _____

HEALTH INSURANCE COMPANY _____ PHONE _____
POLICY NUMBER _____ GROUP NUMBER _____

PEOPLEPLACE PERSONNEL WILL ATTEMPT TO REACH YOU SHOULD YOUR CHILD REQUIRE MEDICAL ATTENTION. HOWEVER, IF WE ARE UNABLE TO DO SO, WE WILL TAKE STEPS TO MEET HEALTH OR MEDICAL EMERGENCIES IN CASES WHERE THERE IS A DELAY IN REACHING PARENTS OR THE FAMILY PHYSICIAN (REFER TO THE PARENT HANDBOOK FOR THE PEOPLEPLACE EMERGENCY POLICY).

PEOPLEPLACE MUST BE PROVIDED A COPY OF YOUR CHILD'S CERTIFICATE OF IMMUNIZATION (OR A LETTER STATING THAT YOU DO NOT IMMUNIZE YOUR CHILD) AND A RECORD OF AN ANNUAL PHYSICAL.

ARE THERE ANY ALLERGIES, MEDICAL PROBLEMS OR SPECIAL NEEDS? IF SO, PLEASE PROVIDE US WITH INDIVIDUAL CARE PLANS.

PEOPLEPLACE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY, SEXUAL ORIENTATION OR ANY OTHER LEGALLY PROTECTED CHARACTERISTICS.

TUITION AGREEMENT

I AGREE TO PAY PEOPLEPLACE THE SUM OF \$_____ FOR THE SCHOOL YEAR, AND ANY ADDITIONAL CHARGES FOR AFTERCARE. I UNDERSTAND THAT IF I OPT TO PAY IN 10 INSTALLMENTS, PAYMENT IS DUE WITHOUT NOTICE ON THE 30TH OF EACH MONTH BEGINNING IN JULY (FOR SEPT) AND ENDING IN MAY. IF APPLYING FOR TUITION ASSISTANCE, DEADLINE IS 6/1/2017. FIRST MONTH'S TUITION IS DUE AUGUST 1ST TO GUARANTEE ENROLLMENT. (FOR ADDITIONAL INFORMATION REGARDING TUITION AND FEES PLEASE REFER TO THE PARENT HANDBOOK.)

EVALUATION PERIOD

THE FIRST SIX WEEKS OF A CHILD'S ATTENDANCE AT PEOPLEPLACE SHALL BE CONSIDERED A PERIOD OF EVALUATION TO DETERMINE THAT THE PROGRAM IS APPROPRIATE FOR THE NEEDS OF THE CHILD. IT IS IMPORTANT THAT BOTH THE FAMILY AND PEOPLEPLACE FEEL CONFIDENT ABOUT THE PLACEMENT OF THE CHILD IN THE PROGRAM. AT ANY TIME DURING THESE SIX WEEKS, EITHER THE FAMILY OR PEOPLEPLACE CAN DETERMINE THAT THE PROGRAM IS INAPPROPRIATE AND TERMINATE THE ENROLLMENT.

I HAVE READ AND AGREE TO THE ABOVE INFORMATION (PARENT OR LEGAL GUARDIAN)

SIGNED _____ DATE _____

SIGNED _____ DATE _____

NOTE: 1ST MONTH'S TUITION MUST BE PAID BY AUGUST 1ST IN ORDER TO SECURE SPOT.

FOR PEOPLEPLACE OFFICE:

DATE ENROLLED: _____ START DATE: _____ WITHDRAWN: _____

FIRST MONTH'S TUITION RECEIVED _____ REGISTRATION PAID _____