



# City of Petaluma, Recreation Services

320 N. McDowell Blvd • Petaluma • CA • 94954 • 707.778.4380 • fax 707.778.4473

## REGISTRATION & PERMISSION SLIP • 2010-2011

Complete this registration form and return it to the front desk at the time of enrollment.  
Changes to the information on this form should be given to the teacher in writing.

**TINY TOTS:** Duckling or Seagull

	2 times	3 times	4 times
Mon	Tues	Wed	Thurs

**KINDER READY**

Fri
-----

Age Requirements: *Preschool Program* – child must be 3 years old (by 12/2/10) • *KinderReady* – child must be 4 years old (by 12/2/10)  
ALL CHILDREN MUST BE POTTY TRAINED.

New participants may be required to provide a copy of their Birth Certificate

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Child likes to be called \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

During the hours of Tiny Tots, a parent may be reached at the following numbers:

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

The following persons have our permission to pick up our child in our absence. These people may be reached during the hours of the Tiny Tots Program if we are not available.

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Is there anyone to whom the child should not be released? \_\_\_\_\_

**IMPORTANT-REGISTRATION POLICY:** Monthly fees are due and payable from the 1<sup>st</sup> to the 15<sup>th</sup> of each month for the following month. This is a priority registration for those children currently enrolled in the program. On the 16<sup>th</sup> of the month, any available spots will be filled from the waiting list. If the dates fall on a weekend or holiday, fees must be paid PRIOR to the deadline, during regular business hours of the Community Center. PLEASE NOTE: This means that if a parent does not pay by the deadline, the child could lose his/her spot in the programs.

I hereby give my permission for my child/children \_\_\_\_\_, to participate in all activities of the Petaluma Parks and Recreation Department's preschool program. In consideration of participation in this program, the undersigned on behalf of any minor child enrolled in the program by the undersigned in his/her capacity as parent or guardian, agrees to indemnify and hold harmless, and to release, waive, and discharge, the City of Petaluma and its officers and employees, from any and all liability for an injury including death, or property damage, arising out of or in any way connected with participation by the enrolled child in this program, including injuries or property damage due to the active or passive negligence of the City, its officers and employees.

I hereby grant permission to any licensed physician, hospital or medical clinic to provide the necessary care and/or medical treatment required should my child become ill or injured and a parent or guardian is not available to grant authorization for such treatment.

I authorize the release of photographs taken of myself, children for the use of promotion and publicity of the City of Petaluma Parks and Recreation programs and activities without compensation. We give permission for our child to be photographed, images will be available to the parents.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

1. List any previous experiences your child has had with other children such as other preschool programs, baby-sitters, day care, etc.

2. Does your child have any allergies (ie: medications, bee stings, food, animals, etc.)? Explain his/her allergic reaction(s).

3. State any unusual fears that your child may have?

4. State any specific growth or developmental concerns you may have regarding your child in these areas: physical limitations, speech or language, vision, hearing, etc.

5. Is your child on any medication? Is so, please explain.

6. Are your child's immunizations current? (Entrance into Kindergarten now requires the completion of the Hepatitis B immunization series).

7. May we release your telephone number to other classmate's families? The purpose usually is to arrange playtime after school hours?

8. If several languages are spoken at home, please indicate:  
Primary \_\_\_\_\_ Secondary \_\_\_\_\_

9. Parent comments and/or additional information the teachers may need to provide the best care for your child:

**Office Use Only:**

Birth Date  Form Completed  Preschool  KinderReady  Parent Information  Medical