

# Skyline's Eagles Nest Preschool

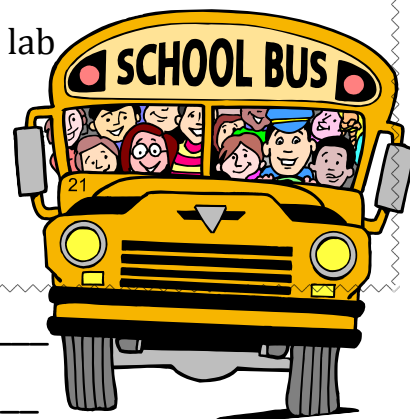
registration for 2016-2017

Tuesday \* Wednesday \* Thursday from 9:00 to 10:25

Sept. 20, 2016 to May 2, 2017 \$55/month 3-5 yrs. old

Director: Lisa Doutré McDermott [ldmcdermott@graniteschools.org](mailto:ldmcdermott@graniteschools.org) Skyline: 385-646-5420

- Fun, new preschool program at Skyline
- Personal attention with high school students co-teaching in the lab
- Language & Literacy
- Math & Science
- Social Skills
- Music, Movement, & Dramatic Play
- Big Buddies (High School Friends)



Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred name at preschool: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Language spoken by child \_\_\_\_\_ and at home \_\_\_\_\_.

**Immunizations** are current yes\_\_\_\_ no\_\_\_\_ **COPY MUST BE ATTACHED!**

My child right handed\_\_\_\_ left handed \_\_\_\_\_ preference. Potty trained: yes\_\_\_\_ no\_\_\_\_

Please list other people living in the home, their relationship, and sibling's ages.

\_\_\_\_\_

Other person(s) authorized to take child from preschool:

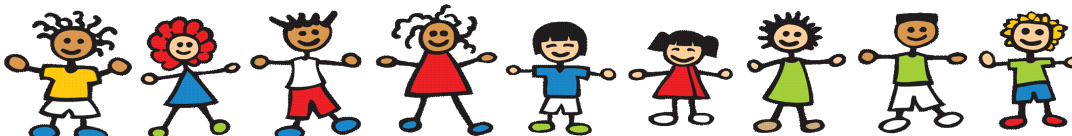
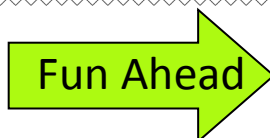
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_

Special circumstances/needs. (please include **allergies** to food, etc.)

\_\_\_\_\_

- **Note:** Due to the nature of our program, we are unable to provide assistance with feeding, extensive assistance with using the bathroom or exclusive one-on-one attention. If your child has these or similar needs, we will require and appreciate your help in assisting with your child during school hours.





# Skyline High School's Preschool

## THE EAGLES NEST



Emergency contact for \_\_\_\_\_ (child's full name):

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

Home Phone # \_\_\_\_\_ Cell#: \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell#: \_\_\_\_\_

### **Authorization For Medical Treatment**

I hereby give my consent for medical treatment for my child in the event reasonable attempts to contact me at the referenced telephone numbers have been unsuccessful:

- Administration of treatment deemed necessary by listed physician
- To call 911 emergency for emergency care and transportation to the hospital at the parent's expense

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

Child's Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

### **Authorization for Student Care**

Skyline High School Preschool Lab is for students studying Early Childhood Development. I understand that high school students will be providing direct care for my child, including but not limited to instructions, playtime activities, and other school related activities. I hereby give permission for the students to care for \_\_\_\_\_ (child's name) under the supervision of teachers and staff in the preschool lab.

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

### **Picture Agreement**

I am aware that my child's picture may be taken for student scrapbooks, school program publicity, and the preschool Internet site, during the time they are in the child care center.

I agree that my child can be photographed for the purposes listed above.

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

I understand and agree to pay tuition as outline below Signature: \_\_\_\_\_

- \$55/month pay online or at Skyline's bookstore.
- \$15.00 late fee will be charged if tuition is received AFTER the first Monday of each month.



Complete and turn in items listed below when paying registration fee at the Skyline High Office. Ms. Jackman (801-385-646-5420) will enter you in the system for online payment after this if you desire at this time.

- ✓ \$30 Registration Fee (non-refundable)
- ✓ Completed Registration form
- ✓ Copy of Immunization Record

**Congratulations!** Once payment and forms are accepted in the office your child is accepted and registered for Skyline's Preschool! You will receive an email in August reminding you of start-up dates and parent orientation. We are so excited to have you in our preschool!