



PEOPLEPLACE

COOPERATIVE PRESCHOOL
Box 644 - Camden, Maine 04843
207 236-4225

Registration Form 2009-2010 School Year

Child's Name _____ Birth date _____

Mailing Address _____ Town _____

Street Address (if different) _____ Town _____

Mother's Name: _____ Employed By: _____

Mother's Address (if different from above) _____

Mother's Telephone: home _____ work _____ cell _____

Father's Name: _____ Employed By: _____

Father's Address (if different from above) _____

Father's Telephone: home _____ work _____ cell _____

E-Mail Address(es) _____

Emergency Contact _____

Telephone _____ Address _____

Names of Persons permitted to remove child from Peopleplace:

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

Program in which child is to be enrolled for 2009/10:

Toddler: Weds/Fri _____ Mon/Tues/Thurs _____ Mon-Fri _____

Upstairs: Weds/Fri _____ Mon/Tues/Thurs _____ Mon-Fri _____

Aftercare (available 12:00-5:15 pm with on-the-hour pickups) -- please indicate times needed on each day:
Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____

Early Drop off (available 7:45-8:30 am) -- please indicate times needed on each day:
Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays _____

Date Enrolled _____ Date Discharged _____ Registration Paid _____

(Continued on Back)

Medical Information:

Child's Doctor _____
Doctor's Address & Telephone _____
Date of last physical _____

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.

Tuition Agreement

I agree to pay Peopleplace the sum of \$ _____ for the school year, as well as 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 August and ending in May. (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.

Signed _____ Date _____

**** Note: Registration Fee must be paid at time of registration.**