



# PEOPLEPLACE

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

## REGISTRATION FORM 2010-2011 SCHOOL YEAR

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ EMPLOYED BY (INCLUDE ADDRESS: \_\_\_\_\_

MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

MOTHER'S TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ EMPLOYED BY (INCLUDE ADDRESS: \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

### MORNING PROGRAM

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

(PLEASE CIRCLE)

EXTENDED DAY UNTIL 3 PM:	MON	TUE	WED	THUR	FRI
EXTENDED DAY UNTIL 5:30 PM:	MON	TUE	WED	THUR	FRI
EARLY DROP OFF: (AVAILABLE FROM 7:45)	MON	TUE	WED	THUR	FRI

(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 1<sup>ST</sup> OF EACH MONTH BEGINNING IN JULY AND ENDING IN APRIL. (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 \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: REGISTRATION FEE MUST BE PAID AT TIME OF REGISTRATION.**

**FOR PEOPLEPLACE OFFICE**  
DATE ENROLLED \_\_\_\_\_ DATE DISCHARGED \_\_\_\_\_ REGISTRATION PAID \_\_\_\_\_

OTHER NOTES: