



# Registration Form

FOR OFFICE USE ONLY

Current \_\_\_\_\_

Alumni \_\_\_\_\_

New \_\_\_\_\_

**A non-refundable registration fee is due at the time of registration.**  
**Currently enrolled students ~ \$75.00; Students new to the school ~ \$95.00**

**Truro Preschool & Kindergarten Office Use Only**

Reg. Fee \$ \_\_\_\_\_ Class \_\_\_\_\_ TEACHER \_\_\_\_\_

Check # \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_ Verified By: \_\_\_\_\_

Peachtree ID \_\_\_\_\_ Previous School Attended/Location: \_\_\_\_\_

**CLASS/TEACHER REQUEST ~ 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_**

Child's Name: \_\_\_\_\_ Name you want the child to be called in school: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Primary language spoken at home (please circle): Chinese English German Korean Spanish OTHER: \_\_\_\_\_

**Father Information**

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address (If Not Child's): \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

**Mother Information**

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address (If Not Child's): \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Information**

*Please list two local people (other than parents) to contact in case of an emergency when parents can not be reached.  
 If English is not your primary language, one of your contacts must speak English.*

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

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

Phone ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Alternate Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

**\*\* Students new to Truro Preschool must present a Birth Certificate or Passport at time of registration**



10520 Main St., Fairfax, VA 22030  
(703) 691-1006

# Child Information

The teacher finds this information helpful in preparing the classroom and getting to know your child.

Child's Full Name (include preferred name) \_\_\_\_\_

## **FAMILY LIFE**

Adults who live in the home:

\_\_\_\_\_  
\_\_\_\_\_

Siblings and their Ages:

\_\_\_\_\_

\_\_\_\_\_

Pets and their Names:

\_\_\_\_\_

Ages and gender of the other children with whom your child interacts:

\_\_\_\_\_

\_\_\_\_\_

List your child's favorite play activities, toy, books and stories: \_\_\_\_\_

\_\_\_\_\_

Please include what your child's comfort/security item is and its special name:

\_\_\_\_\_

Does your child have any fears: YES NO If yes, please elaborate:

\_\_\_\_\_

\_\_\_\_\_

## **CHURCH INFORMATION**

Is your family actively involved in a local church? YES NO

If yes, please circle which denomination applies: Anglican Assembly of God Baptist Catholic

Episcopal Independent Bible Lutheran Methodist Presbyterian Other: \_\_\_\_\_

Name of Church: \_\_\_\_\_

Family and marriage are important priorities at Truro Preschool and Kindergarten and Truro Church. Would you be interested in being contacted about family/marriage related activities offered by Truro Church (e.g., MOPS (Mothers of Preschoolers)? YES NO

If yes, how would you prefer someone from Truro Preschool and Kindergarten contact you?

By phone / By email

## **HOME/SCHOOL**

Do you have any concerns about your child's development or educational needs? YES NO

If yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Is your child receiving any special services from public or private agencies? YES NO

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have an 'Individual Educational Plan' (IEP)? YES NO

If yes, a copy of the IEP must be provided to the Preschool Office before class placement can be made.

***MEDICAL ~ it is extremely important that this section be completed in detail.  
Please use the back if more space is needed.***

Does your child have any allergies? YES NO

If yes, please describe the allergy and possible reactions: \_\_\_\_\_

\_\_\_\_\_

Is an 'Epi-Pen' required for any of these allergies? YES NO If yes, please indicate which allergies:

\_\_\_\_\_

Is Benadryl needed for allergies? YES NO If yes, please indicate which allergies:

\_\_\_\_\_

Does your child have any other medical conditions (asthma/diabetes/seizure disorder/etc) which the Preschool should be aware of? YES NO If yes, please be specific:

\_\_\_\_\_

\_\_\_\_\_

Does your child have any food restrictions or dietary concerns? YES NO

If yes, please indicate the food(s) and reason for the restriction: \_\_\_\_\_

\_\_\_\_\_

Will your child require medication to be kept at School? YES NO If yes, please list the medication(s) below: \_\_\_\_\_

\_\_\_\_\_

## **CHILDCARE HISTORY**

Does your child attend any other activities (Sunday school, Mother's Day Out, dance, etc)? YES NO

Please list: \_\_\_\_\_

\_\_\_\_\_

## **CHILDCARE HISTORY (continued)**

Has your child attended any other nursery or child care center?    YES    NO

If yes, please note the name and type of Facility(ies): \_\_\_\_\_

## **PARENTAL INVOLVEMENT**

What is most important to you about your child's preschool experience? \_\_\_\_\_

Please provide any information that will help make this a happy time for you and your child.

We welcome parents' participation in our classrooms! If you have any special skills or talents, if you work in a "community helper" profession (i.e., medicine, police, dentistry, art, plumbing, electrical, vet, work with specialized vehicles, etc.), if you like to read stories to children, build, cook, and/or have outdoor skills, please let us know if you would be willing to share your skills/talents/vehicles with a classroom. You aren't limited to the above suggestions!

The Preschool has my permission to list my child's name and our family's name, address, telephone number(s), and e-mail address in a directory provided to Preschool families.    YES    NO

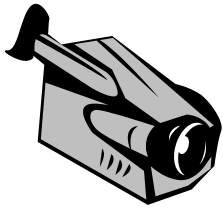
Preschool families are invited to participate in all Truro Church activities. Would your family like to be included in the Truro T-Mail distribution list and other mailings?    YES    NO

All information on this form will be kept confidential.

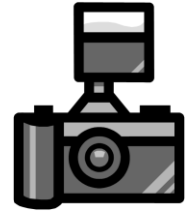
*I have read the Parent Handbook (go online to [www.truropreschool.org](http://www.truropreschool.org)) and agree to abide by the policies and procedures stated within.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# Photo/Video Permission and Release Form



Truro Preschool & Kindergarten has my permission to include my child, \_\_\_\_\_, in any photographs and/or videotapes taken during Truro Preschool and Kindergarten 2010-2011 school year activities. I further understand these photos and/or videos may be shared with staff, parents, Truro Church web page browsers, and others for the purpose of education, training, and presenting the school's programs.

Parent Full Name (*Please Print*) \_\_\_\_\_

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

I am requesting that my child, \_\_\_\_\_, **NOT** be included in any photographs or videotapes taken during Truro Preschool & Kindergarten 2010-2011 school year **for use outside** of Truro Preschool.

Parent Full Name (*Please Print*) \_\_\_\_\_

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

I am requesting that my child, \_\_\_\_\_, **NOT** be included in **any** photographs or videotapes taken during Truro Preschool & Kindergarten 2010-2011 school year.

Parent Full Name (*Please Print*) \_\_\_\_\_

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



# Authorization for Emergency Treatment

I, \_\_\_\_\_, hereby authorize any physician  
 (PARENT OR GUARDIAN)  
 member of the Department of Emergency Medicine of Fair Oaks Hospital, Fairfax Hospital, Emergency Care Center of Reston / Herndon, and Mount Vernon Hospital or any member of the Medical Staffs of the Above mentioned hospitals requested by the Department of Emergency Medicine physician, to render medical treatment, which in his/her judgment may be deemed necessary in the care of

\_\_\_\_\_  
 (NAME OF CHILD OR DEPENDENT)

Child's Date of Birth: \_\_\_\_\_

Child's Allergies (if any): \_\_\_\_\_

Child's Dr.: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Family Dr.: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Medicines Child is taking: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Outstanding Medical History (ex. Diabetes, Heart Disease, etc.): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## Insurance Information

Insurance Company: \_\_\_\_\_

Identification / Policy No.: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Subscriber's Place of Employment: \_\_\_\_\_

Subscriber's Telephone No.: \_\_\_\_\_

ALL PARENTS AND GUARDIANS ARE RESPONSIBLE FOR MAINTAINING THIS CONSENT FORM AS IT CANNOT BE MAINTAINED BY THE HOSPITAL.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN