



2020-21 Preschool Registration Form

11220 Nuckols Road · Glen Allen, VA 23059 · (804) 935-0162 · cec-preschool.org

Child's Name (Last) _____ (First) _____ (MI) _____ Nickname _____

Date of Birth (mm/dd/yyyy) ____/____/____ Gender ____M ____F Race _____

Address _____

City _____ State _____ Zip Code _____ Home Phone (____) _____ - _____

What is the primary language spoken in your home? _____

Please list all previous day cares or preschools your child has attended: _____

Parents(s)/Guardian(s) Information

Parents Marital Status: ____ Single ____ Married ____ Separated since(____/____) ____ Divorced since(____/____) ____ Widowed since (____/____)

Child lives with: ____ Both Parents ____ Father ____ Mother ____ Other _____

Father's Name: (Last) _____ (First) _____

Address (if different from above) _____

Email: _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Place of Employment _____

Mother's Name: (Last) _____ (First) _____

Address (if different from above) _____

Email: _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Place of Employment _____

Does your child have any life-threatening allergies? ____ Yes ____ No

If yes, please explain _____

Does your child carry an Epi-Pen? ____ Yes ____ No *I understand that if I answered 'yes' to my child carrying an Epi-Pen, CEC requires a current allergy action plan and epi-pen to be kept at CEC at all times. This form will be provided to me by CEC and will require the signature of my child's health care provider. (please initial)* _____

Please list ALL medical conditions affecting your child: _____

Was your child born prematurely? ____yes ____no If yes, how many weeks? _____

Do you have any concerns regarding your child's development? ____Yes ____No

If yes, please describe _____

Has your child ever been evaluated by any of the following (check all that apply): ____Developmental Pediatrician ____Speech Therapist
____Occupational Therapist ____Physical Therapist ____Other (please describe) _____

Is your child currently receiving any services for a developmental delay such as speech, physical or occupational therapy? ____Yes ____No

If yes, please describe _____

Name of Child _____

Emergency Contact Information

The parents listed on the first page of this form will always be the first people contacted in the event of an emergency. However, DSS requires that we have **2 additional emergency contacts** for each child enrolled in CEC. Please give the following information for two people who would assume responsibility for your child in the event of an emergency in which neither parent can be reached. **PLEASE NOTE: Emergency contacts MUST be friends or family members who are in the Richmond area. Please provide complete addresses!**

Emergency Contact 1:

Name _____ Relationship to child _____
 Address _____
 City _____ State _____ Zip Code _____
 Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

Emergency Contact 2:

Name _____ Relationship to child _____
 Address _____
 City _____ State _____ Zip Code _____
 Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____

I hereby give permission for my child to leave the center with the following persons named below. I understand that it is the responsibility of the parents to notify the center, in writing, of any change. Please include child's parents and emergency contacts.

Date	Name	Relationship	Phone#
		Mother	
		Father	
		Emergency Contact #1	
		Emergency Contact #2	

Legal Status of child's custody: ___ Both Parents ___ Mother ___ Father

List persons NOT AUTHORIZED* to pickup this child _____

**We are required to have a copy of legal paperwork on file for a parent not authorized to pickup a child.*

If there is a separation or divorce custody problem of which The CEC should be aware, please explain. CEC MUST have a copy of any custody orders that prevent a parent from having access to his/her child. _____

Date ____ / ____ / ____ X _____
 Signature of Parent or Guardian

Name of Child _____

Please list the names and ages of siblings: _____

Is your child able to wear underwear (not pull-ups or diapers) for extended periods of time (2-3 hours) without having accidents or being reminded to use the toilet? ____yes ____no

Is your child able to communicate with someone other than a parent when he/she needs to use the toilet? ____ Yes ____ No

If yes, how does your child communicate his/her toileting needs? _____

Can your child independently take care of all of his/her toileting needs? ____ All of the time ____ Some of the time ____ Not at all

Please list all experiences your child has had interacting with children outside of family (ex, church nursery, preschool, mother's morning out etc.): _____

Please list all experiences your child has had being separated from his/her parents: _____

How do you discipline your child? _____

How does your child react to this form of discipline? _____

How does your child relate to authority figures? _____

How does your child handle disappointment? _____

Does your child have any specific fears or phobias? _____

What are your child's interests/favorite activities at home? _____

What frustrates your child or makes him/her angry? _____

How do you comfort your child? _____

Is there anything out of the ordinary that might help us in understanding and working with your child more effectively? (i.e. habits/ behaviors, adoption, new baby, divorce, death, new step parent, etc) _____

Based on your child's needs and your expectations of preschool, please rank (1 through 4, using each number only once) the following areas in order of importance. 1 is the most important area in which you would like to see your child grow.

_____ Academic Development

_____ Spiritual Development

_____ Physical Development

_____ Social Development

Is there any other information/concerns regarding your child that would help us to provide the very best preschool experience for your child? _____

Name of Child _____

We have several programs to choose from. Please give your first AND second choice.

Mom's Morning Out—18 months (MUST be 18 months by first day of attendance)

___ 2 days (\$2,727/year) ___ 3 days (\$3,978/year) ___ 4 days (\$5,175/year) ___ 5 days (\$6,291/year)

Please check the days you would like to enroll (CEC will notify you if one of your choices is full):

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Preschool—2 year olds (MUST turn 2 on or before September 30, 2020)

___ 2 days (TTh) (Annual Tuition \$2,727) ___ 3 days (MWF) (Annual Tuition \$3,780)

Preschool—3 year olds (MUST turn 3 on or before September 30, 2020)

___ 2 days (TTh) (Annual Tuition \$2,277) ___ 3 days (MWF) (Annual Tuition \$3,240)

___ 3 days (TThF) (Annual Tuition \$3,240) ___ 5 days (M-F) (Annual Tuition \$5,031)

Preschool—4 year olds (MUST turn 4 on or before September 30, 2020)

___ 3 days (MWF) (Annual Tuition \$3,240) ___ 4 days (T-F)(Annual Tuition \$4,104)

___ 5 days (M-F) (Annual Tuition \$5,031)

Preschool—5 year olds (MUST turn 5 on or before September 30, 2020)

___ 5 days (M-F) (Annual Tuition \$5,031)

Please tell us a little about your child and your expectations for preschool for us to use during class placement. Please DO NOT request a specific teacher for your child.

Please check all that apply:

___ Returning CEC Family (Name (s) of CEC alumni _____) ___ MVBC member

___ New to CEC*

*Please tell us how you heard about CEC.

___ Current CEC parent ___ CEC Alumni parent ___ Name of person who referred you to CEC: _____

___ Drove By ___ Word of Mouth ___ CEC Website ___ CEC Facebook Page ___ MVBC ___ Other

Do you attend a church in the area? ___ yes ___ no If yes, what church? _____

Would you be interested in learning more about the ministries of Mount Vernon Baptist Church? ___ yes ___ no

Please read and initial:

___ I understand that by paying my \$125 non-refundable registration fee that there is a spot for my child for the 2020-21 school year. I understand that I will receive an enrollment contract that is required for enrollment. I understand that if I do not return the enrollment contract by the deadline, I will forfeit my spot. I understand that my registration fee is not refundable for any circumstances.

Date ___/___/___ Signature of Parent or Guardian _____

Name of Child _____