



29 GROVE STREET  
STAMFORD, CT 06901  
203-353-1503  
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## REGISTRATION BOOKLET

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DIRECTOR

WELCOME TO EXCELLENCE

A LOCAL PRE-SCHOOL WITH A GLOBAL MISSION  
FOR EDUCATIONAL EXCELLENCE



# MARK OF EXCELLENCE PRE-SCHOOL

29 GROVE STREET  
STAMFORD, CT. 06901  
203-353-1503 FAX 324-7334  
E-MAIL [MARKOFEXCELLENCE1@JUNO.COM](mailto:MARKOFEXCELLENCE1@JUNO.COM)

PLEASE FILL OUT THIS APPLICATION COMPLETELY. ACCURATE INFORMATION IS NECESSARY SO THAT WE MAY BEST SERVE YOUR CHILD. IT IS YOUR RESPONSIBILITY TO NOTIFY US IMMEDIATELY OF ANY CHANGES.

DATE \_\_\_\_\_ START DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ Male Female

DOB \_\_\_\_\_ NICKNAME \_\_\_\_\_

PHONE NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOURS CARE IS NEEDED \_\_\_\_\_

WHO IS CHILD'S LEGAL GUARDIAN? \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHERS' EMPLOYER & ADDRESS \_\_\_\_\_  
\_\_\_\_\_

MOTHER'S WORK NUMBER \_\_\_\_\_ CELL NO. \_\_\_\_\_  
\_\_\_\_\_

FATHER'S EMPLOYER & ADDRESS \_\_\_\_\_

FATHERS WORK NUMBER \_\_\_\_\_ CELL NO. \_\_\_\_\_

**MEMBERS OF HOUSEHOLD & RELATIONSHIPS**

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

**WHO IS AUTHORIZED TO PICK YOUR CHILD UP FROM SCHOOL?**

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

**HAS YOUR CHILD EVER ATTENDED DAY CARE BEFORE?** \_\_\_\_\_

**IF YES, WHERE** \_\_\_\_\_ **FOR HOW LONG** \_\_\_\_\_

**MAY WE CONTACT THEM?** \_\_\_\_\_ **YES OR NO** \_\_\_\_\_

**REASON FOR LEAVING** \_\_\_\_\_

**PERSONAL HISTORY**

|| **TYPE OF BIRTH** NORMAL \_\_\_\_\_ **PREMATURE** \_\_\_\_\_ **ANY COMPLICATIONS?** \_\_\_\_\_  
**IS CHILD A GOOD CLIMBER?** \_\_\_\_\_ **DOES CHILD SPEAK ANY OTHER LANGUAGE?** \_\_\_\_\_  
\_\_\_\_\_ **IS THERE ANY FOODS YOUR CHILD CAN NOT**  
**EAT** \_\_\_\_\_ ?

**IS THERE ANYTHING WE CAN DO TO MAKE YOUR CHILD'S STAY HERE MORE ENJOYABLE?** \_\_\_\_\_

\_\_\_\_\_

**IS THERE A PROBLEM WITH YOUR CHILD THAT WE SHOULD BE AWARE OF?**

\_\_\_\_\_

**PLEASE BE AWARE THAT AT ANY TIME YOU MAY BE ASKED TO REMOVE YOUR CHILD IF HE OR SHE CONTINUES TO CAUSE HARM TO HIMSELF OR OTHER CHILDREN WITHOUT NOTICE.**

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

\_\_\_\_\_ **DATE** \_\_\_\_\_



**CHILDS MEDICAL HISTORY**

NAME

HAVE YOUR CHILD HAD	YES	NO	AGE	DESCRIBE OR COMMENT
MEASLES				
GERMAN MEASLES				
MUMPS				
CHICKEN POX				
WHOOPIING COUGH				
DPHITHERIA				
IFLUENZA (FLU)				
MENINGITIS				
HIGH FEVERS				
ABSCESED EARS				
ENCEPHALITIS				
ALLERGY				
CONVULSIONS				
INJURIES TO HEAD				
LEAD POISONING				
ANEMIA				
HOSPITALIZATIONS				
OPERATIONS				
OTHER INJURIES				



**PERMISSION AGREEMENT**

**A. I/WE GRANT PERMISSION FOR MY CHILD TO USE ALL OF THE PLAYGROUND EQUIPMENT AND PARTICIPATE IN ALL OF THE ACTIVITIES OF THE SCHOOL, UNLESS EXCEPTIONS ARE NOTED HERE**

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**B. I/WE GRANT PERMISSION FOR MY CHILD TO LEAVE THE SCHOOL PREMISES UNDER THE SUPERVISION OF A STAFF MEMBER FOR NEIGHBORHOOD WALKS OR ON FIELD TRIPS IN AN AUTHORIZED VEHICLE.**

**C. I/WE GRANT PERMISSION FOR MY CHILD TO BE INCLUDED IN EVALUATIONS AND CONNECTED WITH THE DAY CARE CENTER'S PROGRAMS.**

**I HEREBY GRANT PERMISSION FOR THE STAFF TO TAKE WHATEVER STEPS MAY BE NECESSARY TO OBTAIN EMERGENCY MEDICAL CARE IF WARRANTED. THESE STEPS MAY INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:**

- 1. ADMINISTER FIRST AID.**
- 2. ATTEMPT TO CONTACT PARENT OR GUARDIAN**
- 3. ATTEMPT TO CONTACT THE CHILD'S PHYSICIAN**
- 4. ATTEMPT TO CONTACT THE PARENT THROUGH ANY OF THE PERSONS LISTED ON THE EMERGENCY FORM. COMPLETED FOR THE CENTER. (NOTE IT IS THE PARENT RESPONSIBILITY TO KEEP THIS INFORMATION UP TO DATE.)**
- 5. IF WE CANNOT CONTACT THE PARENT OR THE CHILD'S PHYSICIAN, WE WILL DO ANY OR ALL OF THE FOLLOWING:**

**CALL ANOTHER PHYSICIAN**

**CALL A AMBULANCE**

**HAVE THE CHILD TAKEN TO AN EMERGENCY HOSPITAL IN THE COMPANY OF A STAFF MEMBER; STAFF VEHICLE; OR PROGRAM VEHICLE.**

**ANY EXPENSES INCURRED UNDER NO. 5 ABOVE, WILL BE BORNE BY THE CHILD'S FAMILY.**

**THE SCHOOL WILLNOT BE RESPONSIBLE FOR ANYTHING THAT MAY HAPPEN AS A RESULT OF FALSE INFORMATION GIVEN AT TIME OF ENROLLMENT.**

**THE SCHOOL WILL NOT ASSUME RESPONSIBILITY FOR A CHILD WHO AS NOT SIGNED IN WHEN HE/SHE ARRIVES FOR THE DAY.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_