

MILLBROOK EARLY CHILDHOOD EDUCATION CENTER REGISTRATION FORM INSTRUCTIONS

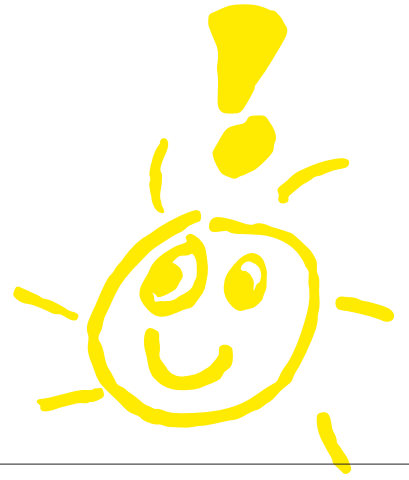
AFTER PRINTING OUT AND COMPLETING YOUR APPLICATION FORM PLEASE
RETURN IT TO MECEC BY ONE OF THREE METHODS :

FAX TO 845-677-3189

MAIL TO MECEC / PO BOX 757 / MILLBROOK NY 12545

EMAIL TO INFO@MECEC.ORG

MILLBROOK EARLY CHILDHOOD EDUCATION CENTER REGISTRATION FORM



child information.

child's name _____

date of birth _____

address _____

home phone _____

father's name _____

father's address (if different) _____

place of employment _____

day phone _____

evening phone _____

cell phone _____

mother's name _____

mother's address (if different) _____

place of employment _____

day phone _____

evening phone _____

cell phone _____

daytime contacts.

THE FOLLOWING PERSONS (GRANDPARENTS, NEIGHBORS, RELATIVES BABYSITTER ETC) ARE ALLOWED TO PICK UP MY CHILD IF I AM UNABLE TO DO SO.

name + phone _____

name + phone _____

name + phone _____

name + phone _____

WHAT ARE YOUR CHILD'S INTERESTS?

DESCRIBE YOUR CHILD THROUGH YOUR EYES, AS HE / SHE IS SEEN AT HOME WITH HIS / HER FAMILY. HOW DOES HE / SHE RELATE TO ADULTS, OTHER CHILDREN, PETS, VARIOUS SITUATIONS, ETC?

WHAT DO YOU, AS A PARENT, WANT AS A SCHOOL LEARNING EXPERIENCE FOR YOUR CHILD? WHAT AREAS OF LIFE DO YOU FEEL ARE IMPORTANT? WHAT VALUES DO YOU CONSIDER MOST IMPORTANT FOR YOUR CHILD?

ARE THERE SPECIAL CONDITIONS WE SHOULD BE AWARE OF? DIVORCE, SEPARATION ETC?

LIST ALL OF THE CHILDREN IN YOUR FAMILY, FROM OLDEST TO YOUNGEST.

name _____ age + sex _____

LIST OTHER PERSONS IN YOUR HOME. (FAMILY MEMBERS, BABYSITTERS ETC).

name _____ relationship to your child _____

LIST PAST CHILD CARE PROVIDERS.

name _____

DOES YOUR CHILD REQUIRE ANY EMERGENCY TREATMENT FOR ANY CONDITION OR ALLERGY, SUCH AS BEE BITES, ASTHMA, CONVULSIONS, ETC?

YOUR NAME _____

ASSUME FULL RESPONSIBILITY FOR MY CHILD EN ROUTE TO AND FROM THE MILLBROOK EARLY CHILDHOOD EDUCATION CENTER. I AGREE TO PARK MY CAR IN THE PARKING LOT AND WALK MY CHILD INTO AND OUT OF THE BUILDING UPON BOTH ARRIVAL AND DEPARTURE.

PARENT SIGNATURE _____