

# PALZ Registration Form 2019 - 2020

Student Name \_\_\_\_\_ Name Called \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age on 9/1/19 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Number where mother can be reached during PALZ hours \_\_\_\_\_  
Number where father can be reached during PALZ hours \_\_\_\_\_  
Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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**Mother's/Female Guardian's Name** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father's/Male Guardian's Name** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Child lives with:** Both Parents \_\_\_\_\_ Single Parent \_\_\_\_\_ Guardian \_\_\_\_\_

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## Emergency Contact:

Please list someone other than parents to notify in an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Pick Up Authorization:** Your child will be released only to an authorized person listed on this form.

In case of an unforeseen circumstance, please give the name and phone number of any other persons with permission to pick up your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information:** Please tell us about your child, so we can better meet his/her needs: Allergies

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List any medications currently taken on a regular basis during program hours. List condition, for which they are taken, dosage and time given.

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If your child has any illness or condition (Asthma, Diabetes, ADHD, etc.) or physical disability, please provide us the confidential information so that we may better care for your child.

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**Emergency:**

In case of illness or injury that occurs at school, I authorize the school to evaluate, provide first aid, and contact me for further advice and/ or pickup. If the school is unable to reach me, I hereby authorize it to contact my emergency contact person.

In the event that parents/ legal guardian or emergency contact can not be reached to make arrangements for emergency treatment at the time of illness or accident of my child, I hereby authorize the staff of PALZ Early Learning Program at Harvest Point UMC to administer first aid/CPR or call an ambulance and/ or take my child to the nearest emergency room for medical treatment.

I release the teachers/personnel and PALZ Early Learning Program at Harvest Point UMC from any liability for any injury or accident that might be incurred.

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Family**

Name of siblings and birthdates:

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Name of anyone else who lives at your home and their relationship to your child/ your family, to meet your child's needs.

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**I would be glad to volunteer:**

In the classroom \_\_\_\_\_ As a substitute \_\_\_\_\_ In the office \_\_\_\_\_  
On field trips \_\_\_\_\_ Sharing a special talent \_\_\_\_\_ Other \_\_\_\_\_

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You may use my child's picture in promotional materials, to include the PALZ Facebook page and PALZ website. Yes \_\_\_\_ No \_\_\_\_

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**I was referred to PALZ from:**

A PALZ Family \_\_\_\_\_ Family Name \_\_\_\_\_  
Pamphlet/Flyer \_\_\_\_\_ Location \_\_\_\_\_  
Referral \_\_\_\_\_ Referral Number \_\_\_\_\_  
Other \_\_\_\_\_

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PALZ is not a state-licensed program. However, PALZ does follow state ratios and program guidelines, and provides teacher training.

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Ages:** Toddlers - Prekindergarten

**One-time Registration Fee (per child):**

One Month Tuition  
 -AND-  
 \$100 Materials Fee (50% discount for siblings on material fee)

**Hours, Days, Tuition:**

**9:00am- 12:00pm**

Toddlers	Please call for more information		
Twos	2 day program	Monday and Tuesday	\$125 per month
	3 day program	Monday - Wednesday	\$160 per month
Threes	3 day program	Tuesday - Thursday	\$160 per month
	4 day program	Monday - Thursday	\$180 per month

**9:00am- 1:00pm**

Threes	3 day program	Tuesday - Thursday	\$195 per month
	4 day program	Monday - Thursday	\$220 per month
Fours	3 day program	Tuesday - Thursday	\$195 per month
	4 day program	Monday - Thursday	\$220 per month
Pre-K	3 day program	Tuesday - Thursday	\$195 per month
	4 day program	Monday - Thursday	\$220 per month

Student Name \_\_\_\_\_ Age on 9/1/18 \_\_\_\_\_

Class Duration            2-Day \_\_\_\_\_            3-Day \_\_\_\_\_            4-Day \_\_\_\_\_

Class Time                9am-12pm \_\_\_\_\_            9am-1pm \_\_\_\_\_