



**FOR OFFICE USE ONLY:**

Date		Comments:
Check #		
Amount		

**REGISTRATION INFORMATION**

**2/3's Class:**            2 Day            (Tues/Thurs) \_\_\_\_\_  
**3/4's Class:**            2 Day            (Mon/Wed) \_\_\_\_\_            (Tues/Thurs) \_\_\_\_\_  
**3/4's Class:**            3 Day            (Mon/Wed/Fri) \_\_\_\_\_            (Tues/Thurs/Fri) \_\_\_\_\_  
**4/5's Class:**            3 Day            AM (Mon/Wed/Fri) \_\_\_\_\_            PM (Mon/Wed/Fri) \_\_\_\_\_  
**Enrichment Class:**    2 Day            (Tues/Thurs PM) \_\_\_\_\_            \*for 4/5 students or Kindergarteners only

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
 BIRTHDATE \_\_\_\_\_ GENDER \_\_\_\_\_

PLEASE DESCRIBE ANY **ALLERGIES:** \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONES \_\_\_\_\_

EMAIL ADDRESSES \_\_\_\_\_

PARENTS'/GUARDIANS' FIRST/LAST NAMES \_\_\_\_\_

MARITAL STATUS      married      divorced      single

CUSTODY/VISITATION ARRANGEMENTS \_\_\_\_\_

<p align="center"><b>MOTHER'S INFORMATION</b></p> <p>Work Phone &amp; Address _____</p> <p>_____</p> <p>_____</p> <p>Education, Occupations, Hobbies, Interests</p> <p>_____</p> <p>_____</p>
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<p align="center"><b>FATHER'S INFORMATION</b></p> <p>Work Phone &amp; Address _____</p> <p>_____</p> <p>_____</p> <p>Education, Occupations, Hobbies, Interests</p> <p>_____</p> <p>_____</p>
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REGISTRATION INFORMATION CONT...

Siblings & their birthdates

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Other Household Members & Relationship

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HAS YOUR CHILD BEEN CARED FOR BY ANYONE OTHER THAN FAMILY? IF SO, PLEASE DESCRIBE: \_\_\_\_\_

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DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS OF WHICH WE SHOULD BE AWARE? IF SO, PLEASE DESCRIBE: \_\_\_\_\_

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PLEASE DESCRIBE ANY REGULAR MEDICATIONS: \_\_\_\_\_

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PLEASE DESCRIBE ANY SERIOUS INJURIES, SURGERIES, OR ILLNESSES:

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DOES YOUR CHILD HAVE FREQUENT

COLDS	YES	NO
EARACHES	YES	NO
FEVERS	YES	NO
SORE THROATS	YES	NO
STOMACH ACHES	YES	NO



BACKGROUND INFORMATION CONT...

PLEASE DESCRIBE ANY SPECIAL FEARS YOUR CHILD HAS. \_\_\_\_\_

DOES YOUR CHILD ACCEPT CORRECTION EASILY?                      YES                      NO

WHAT IS THE METHOD OF BEHAVIOR CONTROL USED IN YOUR HOME? \_\_\_\_\_

WHEN DOES YOUR CHILD GO TO BED AT NIGHT? \_\_\_\_\_

WAKE UP? \_\_\_\_\_                      NAP? \_\_\_\_\_

PLEASE DESCRIBE ANY CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT:

WHY ARE YOU SENDING YOUR CHILD TO PRE-SCHOOL? \_\_\_\_\_

WHAT DO YOU HOPE WILL BE INCLUDED IN YOUR CHILD'S PRE-SCHOOL EXPERIENCE?

WHY DID YOU CHOOSE THE GRAYSLAKE CO-OP? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE GRAYSLAKE CO-OP? \_\_\_\_\_

WE HOPE YOU ENJOY YOUR YEARS AT GCNS!

THANK YOU!!

## PARENT HELPER INFORMATION

The Parent Helper assists the teacher and teacher's aide in providing a comfortable and enriching atmosphere for the children, along with providing a nutritious snack for the day. Serving as Parent Helper is one of the required responsibilities of being a member of the Co-op and is essential to helping our school thrive.

When scheduled, the Parent Helper must be present 30 minutes prior to the start of class and remain 30 minutes after to assist with clean-up. No children other than those enrolled in the class are allowed to attend the class.

**If a Parent Helper cannot be present on his/her scheduled day, he/she is responsible for providing his/her own substitute.** This may be allowing your spouse/grandparent/caregiver to help for this particular day, or finding another parent in your child's class to switch assigned Parent Helper days.

Smoking is not permitted at any time. Harsh language and corporal punishment are not be used at school.

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Signature of Parent

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Date