

City of Petaluma Parks and Recreation Department

320 N. McDowell Blvd • Petaluma • CA • 94954 • 707.778.4380 • fax 707.656.4057 • parksnrec@ci.petaluma.ca.us

REGISTRATION & PERMISSION SLIP • Fall 2019

Please complete	e this form and return it to the fro	ont desk. Any changes r	must be submitted	in writing.
Age Requirem	nents: Tiny Tots, Kinder Ready, 8	& Pre-KR: 3 years old an	IN FULLY POTTY	TRAINED
□ KinderReady (MWF)	□ Tiny Tots (Tu/Th)	□ Tiny Tots (Tu/W/Th))	□ Combo Class (M-F)
□ Afternoon Program (M/W/F)	□ Afternoon Program (Tu/Th)	□ Afternoon Program	(Tu/W/Th)	□ Afternoon Program (M-F)
Child's Name		Age	Birthda	
Parent/Guardian's Name	Phone ()			
Marital Status	Child lives v	vith: 🗆 Mom 🗆 Dad	Both Other	r
Address	City		Zip C	Code
Email	Cell Phone () Carrier			
During the hours of Tiny Tots, a pa	rent/guardian may be reached at	the following:		
Name	Phon	Phone () Relationship		
Name	Phon	ne () Relationship		
The following person(s) have perm the Tiny Tots Program if we are not		absence. The following	l person(s) may be	e reached during the hours of
Name	Phone	() Relationship		
Name	Phone	() Relationship		
★ <u>Is there anyone to whom the ch</u>	ild should not be released?			*

IMPORTANT-REGISTRATION POLICY: In order to secure your child's spot in the program, an initial down payment is due at time of registration. Amounts for down payment and fees are calculated based upon each semester and will be provided by Front Desk Staff.

I hereby give my permission for my child/children , to participate in all activities of the Petaluma Parks and Recreation Department's preschool program. In consideration of participation in this program, the undersigned on behalf of any minor child enrolled in the program by the undersigned in his/her capacity as parent or guardian, agrees to indemnify and hold harmless, To the extent a release and/or waiver of any type is obtained from any participant in the event/activity, said release and/or waiver shall expressly include the City, its employees, agents and representatives as released parties. Said provision(s) shall confirm that the City, its employees, agents and/or representatives are released from all claims or damages of any type which may arise or are in any way related to participation in said event/activity.

Please read and initial the items below:

_I give permission for my child(ren) to be photographed for the use of promotion and publicity of the City of Petaluma Parks and Recreation programs and activities. I understand I will not receive compensation and the photos will be available for me to view.

Parent/Guardian Signature

Date

- 1. List any previous experiences your child has had with other children, such as: other preschool programs, baby-sitters, day care, etc. _____
- 2. Does your child have any food allergies? Take any medication? If so, please explain.

3. State any specific growth or developmental concerns you may have regarding your child in the following areas: physical limitations, speech or language, vision, hearing, etc.

- Are your child's immunizations current? (Entrance into Kindergarten now requires the completion of the Hepatitis B immunization series). □ Yes □ No If no, please explain.
- 5. May we release your telephone number to other classmate's families? The purpose is usually to arrange playtime after school hours.
 Yes
 No (ask parent personally for approval)
- 6. If several languages are spoken at home, please indicate:
 Primary _____ Secondary _____

7. Please list all family members within the household: ______

8. Parent comments and/or additional information the teachers may need to provide the best care for your child, i.e.: unusual fears, other allergies, etc. ______

THANK YOU FOR YOUR SUPPORT IN HELPING US GET TO KNOW YOUR CHILD AND YOUR FAMILY