



City of Petaluma Parks and Recreation Department

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REGISTRATION & PERMISSION SLIP • 2017-2018

Please complete this form and return it to the front desk. Any changes must be submitted in writing.

Age Requirements: *Teeny Tiny Tots: ages 18-36 months* • *Tiny Tots, KinderReady, & Pre-KR: 3 years old and FULLY POTTY TRAINED*

KINDERREADY & PRE-KR TINY TOTS PRE-K AFTERNOON PROGRAMS TEENY TINY TOTS (T/TH)

KinderReady, Pre-KR, & Tiny Tots: Classroom: Ducklings Seagulls Swans (M,W,F)
Number of Days per Week: 2 times/wk 3 times/wk 4 times/wk 5 times/wk
Days of the Week: Monday Tuesday Wednesday Thursday Friday

Child's Name _____ Age _____ Birthdate _____
Parent/Guardian's Name _____ Phone (____) _____
Marital Status _____ Child lives with: Mom Dad Both Other _____
Address _____ City _____ Zip Code _____
Email _____ Cell Phone (____) _____ Carrier _____

During the hours of Tiny Tots, a parent/guardian may be reached at the following:

Name _____ Phone (____) _____ Relationship _____
Name _____ Phone (____) _____ Relationship _____

The following person(s) have permission to pick up our child in our absence. The following person(s) may be reached during the hours of the Tiny Tots Program if we are not available.

Name _____ Phone (____) _____ Relationship _____
Name _____ Phone (____) _____ Relationship _____

★ Is there anyone to whom the child should not be released? _____ ★

IMPORTANT-REGISTRATION POLICY: Monthly fees are due and payable from the 1st to the 5th of each month for that month. If the dates fall on a weekend or holiday, fees must be paid on the next business day. Any late payments will be assessed a \$25 late payment fee.

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, and to release, waive, and discharge, the City of Petaluma and its officers and employees, from any and all liability for an injury including death, or property damage, arising out of or in any way connected with participation by the enrolled child in this program, including injuries or property damage due to the active or passive negligence of the City, its officers and employees. I hereby grant permission to any licensed physician, hospital or medical clinic to provide the necessary care and/or medical treatment required should my child become ill or injured and a parent or guardian is not available to grant authorization for such treatment.

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.

_____ I will submit any schedule changes in writing to the email parksrec@ci.petaluma.ca.us at least two (2) weeks in advance of the change. Requested changes will be effective on the first of the following month and are based upon availability.

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. _____

4. 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
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. _____

