



2018/2019 Harbor Light Preschool Registration

Student

Student's Last Name: _____ Student's First Name: _____

Student's Birth Date ____/____/____ Student Age: _____

In what school year do you anticipate your child beginning Kindergarten? (ex. 2018/2019) _____

() Boy () Girl

Mailing Address

Street _____

City _____ State: _____ Zip Code: _____

Tel: () _____ - _____

Classroom (circle)	Toddler Town	2's	3's	4's
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Preferred Days (circle all that apply)	Monday	Tuesday	Wednesday	Thursday	Friday
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Additional Programs: (circle all that apply)

Breakfast Bunch 8:15a-9:15a	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Bunch 8:45a-9:15a	Monday	Tuesday	Wednesday	Thursday	Friday
Enrichment 12:30p-2:00p	Monday	Tuesday	Wednesday	Thursday	Friday
TLC 2:00p-4:30p	Monday	Tuesday	Wednesday	Thursday	Friday



Please make a copy of this page if you are registering more than one child.

ALL SCHOOL MAILINGS WILL BE E-MAILED TO YOUR LISTED E-MAIL ADDRESS UNLESS
ALTERNATIVE ARRANGEMENTS ARE REQUESTED

Mother/Guardian

Parent's Last:_____ Parent's First:_____

Cell: ()_____ Home: ()_____

Work: ()_____

Email Address: _____

Mailing Address (If different from student)

Street_____

City/State:_____ Zip Code:_____

Work Address

Street_____

City/State:_____ Zip Code:_____

Father/Guardian

Parent's Last:_____ Parent's First:_____

Cell: ()_____

Home: ()_____

Work: ()_____

Email Address: _____

Mailing Address (If different from student)

Street_____

City/State:_____ Zip Code:_____

Work Address

Street_____

City/State:_____ Zip Code:_____



Please check email you prefer for billing:

Mom email () Dad email () Both () other () _____

Emergency Contacts (*other than parent/guardian*) We must have 2 on file.

<u>1st Emergency Contact:</u> Name: _____ Phone: _____ email: _____ Relationship to the Child: _____ Does this individual have permission to pick-up the child from school? YES NO	<u>2nd Emergency Contact:</u> Name: _____ Phone: _____ email: _____ Relationship to the Child: _____ Does this individual have permission to pick-up the child from school? YES NO
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Healthcare Contacts:

<u>Pediatrician's</u> Name: _____ Practice: _____ Address: _____ Phone: _____	<u>Dentist's</u> Name: _____ Practice: _____ Address: _____ Phone: _____
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Terms and Conditions

- Acceptance Policy
By submitting an application on behalf of a child, each parent and/or guardian signing the registration accepts and agrees to comply with all Harbor Light rules and regulations.
- Applications will be accepted as a first come first serve basis, as determined by the date a completed application is received at the Harbor Light office. Applications that do not include the required deposit (\$300) are not considered complete.
- When an application and deposit for enrollment is accepted by Harbor Light Foundation, a place is reserved for the child. If for any reason enrollment is cancelled by a parent/guardian within 30 days of receiving the registration form, a refund will be issued. THERE WILL BE NO REFUNDS AFTER THE 30 DAYS.
- Insurance- The full terms of insurance coverage (including exclusions) may be obtained from the Harbor Light Preschool office.
- While every effort is made to safeguard a student's personal belonging, including but not limited to, clothing and equipment, Harbor Light is not responsible for the loss, damages or theft of a student's personal belongings while a student attends school. It is highly recommended that each student have their name on their belongings.
- Tuition- Tuition includes all activities and materials while at Harbor Light. All tuition payments must be paid by following the terms of the payment agreement.



I, the parent/guardian of the student on this file, give my consent for Harbor Light Preschool staff, to contact the above named physician or dentist (if applicable) if my child has a medical/dental emergency. I understand that if my child's physician or dentist is not available, another physician or dentist may be contacted on an emergency basis. I also give my consent for Harbor Light Preschool staff to seek medical attention in an emergency at _____ (preferred hospital or walk-in center) or the closest facility determined by the Emergency Responders. I will be responsible for all medical charges to and at the medical facility. Harbor Light, my child's preschool, has my permission to transport my child if necessary, when my child is in care.

Payment: You will receive an invoice via email from info@harborlightfoundation.org (intuit) where you will have the ability to make your payments directly through your invoice. You may also bring a check to the office after receiving your invoice.

Signing this form states that you, the parent(s)/guardian(s) have read, discussed and understand the Harbor Light Preschool Handbook and (this includes but is not limited to) the Harbor Light Behavior Management Policy and Discipline Policy.

The provisions outlined on this form have my approval.

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Please enclose a check payable to Harbor Light Foundation, Inc. for \$300 which will serve as a deposit for registration. This deposit is non-refundable after 30 days and will be applied towards your child's tuition.

Please Return Application and Payments to:

Harbor Light Foundation, Inc.

4670 Congress Street

Fairfield, CT 06824