

Spartan Early Learning Center The Lab Preschool at Broad Run High School 2021-2022 Registration Form



<i>Staff Use Only</i>
Amount _____
Date _____
Check # _____
Class assigned T B

A \$385 supply fee will be due in Fall 2021, before the preschool year begins. If the start of the preschool year is delayed, the amount will be adjusted.

An up-to-date photo and copy of your child's immunization record are also due with this application.

Please mail to: Nancy Woods, Broad Run High School, 21670 Ashburn Road, Ashburn, VA 20147

Child's Name _____ Male Female
Last First Middle (Preferred Name)

Address _____
Street City State Zip

Home Phone () _____ Date of Birth _____

Lives with Mother Stepmother _____

	<i>Name</i>	<i>Occupation</i>
	()	()
<i>E-Mail Address</i>	<i>Work Phone</i>	<i>Cell Phone</i>

Lives with Father Stepfather _____

	<i>Name</i>	<i>Occupation</i>
	()	()
<i>E-Mail Address</i>	<i>Work Phone</i>	<i>Cell Phone</i>

Language spoken most of the time at home _____

Siblings Names and Ages _____

Is there a legal custody agreement in force? Yes No N/A

Emergency Contacts (please provide two contacts other than parents):

<i>Name</i>	<i>Phone</i>	<i>Relationship to Child</i>
_____	()	_____
_____	()	_____

Foods my child cannot eat due to dietary restrictions _____

Dietary restrictions are NOT the same as foods your child doesn't like!

Foods my child cannot eat due to allergies* _____

Severe, life-threatening allergies require an Epi-pen kept on-site and the completion of a special medical information form signed by a doctor (we will provide the form).

*** Does your child have an Epi-Pen? Yes No**

If your child has food allergies or food restrictions, we will try to accommodate him/her at snack time. However, if your child has extensive and/or life-threatening food allergies, you may be asked to provide the snacks.

I would like my preschooler to be in the same class as: _____

Current Spartan Center Preschooler / Preschool Alumni Family Yes No *Name & School year of alumni: _____

Child's Name _____ Today's Date _____

Doctor's Name () Phone Insurance Company Policy Number

Please list any special medical or educational care (speech therapy, medical treatment, etc.) your child is currently receiving:

Treatment	Location	Duration

Toileting
Your child MUST be self-toileting—this means he/she must take care of all bowel and bladder functions in the bathroom. Pull-ups are not allowed. If your child has an accident, you may be called to come pick him/her up.

Sunscreen
I give permission for my child to use sunscreen products while attending Spartan Early Learning Center. I understand that my child should supply his/her own sunscreen products. However, in the event my child's sunscreen products are not available, I give Spartan Center permission to use their own supply of sunscreen products.

Bus Transportation
I give permission for my child to be transported by Loudoun County Public Schools school bus for field trips. I understand that my child must follow safety rules while being transported in vehicles. I understand that a warning is given to children that do not follow vehicle safety rules and that suspension from the vehicle will occur if my child does not follow instructions.

Photographs
Photographs of your child will be taken throughout the year for our use in preparing materials for preschool, including the preschool and BRHS yearbooks, slide show, etc. Children are never identified by name.

Minor Injuries
I understand that injuries sometimes happen in the course of everyday activities and that I will be notified of all minor injuries requiring any kind of treatment above the "Band-aid" level. I understand that a school nurse is on the BRHS staff if further evaluation is needed.

Emergency Medical Transportation
I give permission for my child to be transported by emergency vehicles if immediate emergency treatment is needed. A BRHS staff member will go to the hospital with the child, and the parent(s) will be called to meet the child and staff person at the hospital. The staff person will remain at the hospital until the parent arrives.

Parent Signature REQUIRED

Date