

****Proper Registration Fee must accompany this form unless your child is on our Wait List****

TOLL GATE CHRISTIAN NURSERY SCHOOL

Registration Form

Groton Bible Chapel, 66 Toll Gate Rd., Groton, CT 06340

860-445-1760 x19

<http://www.grotonbiblechapl.org>

PLEASE CHECK CLASS CHILD WILL ATTEND:

- M/W/F, 9 - 11:30 Must be 4 yrs. old by Dec. 31 of current year
- M/W/F, 9 - 2 Must be 4 yrs. old by Dec. 31 of current year
(subject to interest and availability)
- TU/TH, 9 - 11:30 Must be 3 yrs. old by Sept. 30 of current year

Date: _____ School Year: _____

Child's Name: _____

Child's DOB: _____ Nickname: _____

Address: _____ Town: _____ Zip: _____

CONTACT INFORMATION:

Mother's name: _____

Mother's address, if different: _____

Mother's Phone: (H) _____ (C) _____

Mother's Work Phone: _____ Employer _____
Occupation _____ Address _____

Mother's Email: _____

Father's name: _____

Father's address, if different: _____

Father's Phone: (H) _____ (C) _____

Father's Work Phone: _____ Employer _____
Occupation _____ Address _____

EMERGENCY CONTACT PERSON: _____

Phone: (C) _____ (H) _____ (W) _____

My Child's Health:

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed, signed and dated within the last year.)

General state of health:

Physician's name: _____ Phone: _____

Dentist's name _____ Phone: _____

Hospital of choice: _____

Are your child's immunizations up to date? Y N **(Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)**

Does your child have any known allergies? Y N Prone to any? Y N

If yes please explain:

Is your child taking any medications regularly? Y N

If yes please list what and what for:

Does your child have any medical conditions we should be aware of? Y N

If yes please explain:

Note serious illnesses or hospitalizations: _____

Has/Is your child received/ing speech, hearing, physical or occupational services? Y N

If yes please explain:

Does your child have an active IEP or similar learning plan in place? Y N

(A copy will be requested prior to enrollment)

Has your child ever had: Convulsions? Y N Seizures? Y N

Fainting Spells? Y N If yes please explain _____

Is your child toilet trained? Y N At what age? _____

What words does your child use for: bowel movements _____

urination _____

About My Child: (please attach a current picture of your child and a copy of your child's birth certificate)

Has your child ever been to preschool, child care, or playgroup? Y N

If yes where: _____ when: _____

How does your child feel about child care/preschool and separation from his/her parents?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, separation or divorce, new sibling etc.?

What is your normal method of discipline? _____

What is your child's temperament? Is she/he easy going, demanding, aggressive, playful, etc.

How does your child show his/her feelings? (verbal, acting out, quiet, etc)

What frustrates/angers your child? _____

What do you do when handling his/her frustration/anger ?

What is your child's favorite toy or activity? _____

How many hours per day does your child watch TV? _____

Does your child prefer indoor or outdoor activities? _____

Does your child exhibit tantrums? Y N

If yes how long do they last? _____

Is your child frightened of any of the following: Animals? Y N the Dark? Y N
Storms? Y N Other? _____

Does your child prefer to play alone? Y N With toys rather than children? Y N

What language is spoken predominantly in your home?

Are there any food restrictions? Y N If yes what are they?

Any other specific information or concerns that would be helpful for us to know about?

Please list all family members living with child, including child:

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

Is your child currently enrolled in TGCNS? Y N (\$30.00 non-refundable Registration Fee)

Is your child a new Student? Y N (\$40.00 non-refundable Registration Fee)

Please tell us how you first learned about Toll Gate Christian Nursery School?

CHURCH HOME: Please indicate below

GBC _____ Other _____

Would you like more information about Groton Bible Chapel? Y N

ADDITIONAL CONTACT INFORMATION, IF APPLICABLE:

If parents are separated, who is primary caregiver? _____

How often does the other parent see the child? _____

Name of Guardian if other than mother or father: _____

Relationship: _____ Phone: _____

Address: _____

If not by mom, dad or guardian, than by whom is the child cared for during the day?

Name: _____

Phone: _____ Address: _____

FOR OFFICE USE ONLY

RF: NS \$40.00 RS \$30.00 Check # _____ Date of check: _____ Receipt # _____

KI Y N | HF Y N DOE _____ | IM UTD Y N | EM C Y N

Start Date: _____

Wait List: _____

