

SILVER PUPS PRESCHOOL - Riverton High School

# REGISTRATION FORM

Please mail the 1) REGISTRATION form 2) \$30 Deposit 3) copy of IMMUNIZATIONS to:  
SILVER PUPS PRESCHOOL Lab - Camille Hicks  
12476 South Silver Wolf Way  
Riverton, UT 84065

Child's NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ MALE \_\_\_ FEMALE

NAME your child goes by - Example: Jacob full name but child goes by JAKE.

Whatever name is listed above will be what I put on ALL PRESCHOOL MATERIALS (name badges, lists, etc.)

Please list any FRIENDS or RELATIVES that your child would like to be in preschool with:

CARPOOL with: \_\_\_\_\_

RETURN THE FOLLOWING: \_\_\_\_\_ REGISTRATION PACKET with all Signatures & Information  
\_\_\_\_\_ COPY or their IMMUNIZATION RECORD  
\_\_\_\_\_ DEPOSIT Payment of \$30 - Checks payable to Riverton High School)

PARENT'S NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_, UT \_\_\_\_\_ E-mail \_\_\_\_\_

**PARENTS/ GUARDIAN Contact Information:**

Name _____	Name _____
Home Phone # _____ - _____	Home Phone # _____ - _____
Cell Phone # _____ - _____	Cell Phone # _____ - _____
Work Phone # _____ - _____	Work Phone # _____ - _____

List any **SPECIAL HEALTH CONDITIONS** (allergies, asthma, physical limitations, etc.) or any other condition that we need to be aware of:

**EMERGENCY CONTACTS:** please list 3 people we could call and their relationship to the child (Grandparents, relatives and friends may be used.)

Name _____	Phone Number _____ - _____	Relationship _____
Name _____	Phone Number _____ - _____	Relationship _____
Name _____	Phone Number _____ - _____	Relationship _____

CHILD'S PHYSICIAN \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_

List **SIBLINGS / RELATIVES** who have attended SILVER PUPS Preschool in the past:  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

List any family members employed at RHS:

**FAMILY:** Brothers & Sisters of child (oldest to youngest – include your child in proper family order):

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
1.		5.	
2.		6.	
3.		7.	
4.		8.	

---

## ACTIVITY AUTHORIZATION

I hereby grant permission for my child \_\_\_\_\_ to use all of the play equipment, and participate in all activities at the Riverton High School SILVER PUPS Child Care Lab facility.



Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

---

## PICTURE RELEASE

I hereby grant permission for my child \_\_\_\_\_ to be photographed or videotaped while involved in activities connected with the Riverton High School SILVER PUPS Lab facility. No commercial use will be made of these photographs or videotapes without further consent.

**However, pictures MAY be used for Silver Screen, Silver Scribe Newspaper, Yearbook, bulletin boards/display case recruitment power points, etc. They will also be used in the preschool children's portfolios.**



Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

---

I understand that the DELIVERY procedure will be to line up on the WEST side of the RHS building between 9:30 and 9:40. Silver Pup "teachers" will be at the preschool unloading zone to pick up my child. If arriving after 9:40, I will bring the child into the building and into the preschool room.

Understand that the DEPARTURE procedure will be to line up on the WEST side of the RHS building at 11:30.

**THE CHILD WILL ONLY BE ALLOWED A VEHICLE IN, WHICH THERE IS THE SILVER PUPS PICK-UP SIGN WITH THEIR NAME PRINTED ON IT.** (You will receive this sign in the fall.)

If for any reason, someone else will be picking my child up, I will either give them the sign OR call and leave specific instructions at 801-256-5851 (ask for LAUNA and leave a message for Mrs. Hicks). If you need a replacement or an extra sign, please contact Mrs. Hicks.

If I am later than 11:40, I will pick my child up in the SILVER PUPS Child Care Lab (right inside the doors on the south side of hall).

If there is a custodial issue, please indicate names of person(s) NOT to be involved with the child:



Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

---

## **Parent Responsibilities:**

I/We agree to pay Riverton High School SILVER PUPS Preschool a tuition fee of **\$70** per month. PRESCHOOL will NOT begin until OCTOBER. There will be an orientation meeting you will be invited to the end of September. I/We understand that this sum is paid to reserve our child's position in the center, and is not subject to reduction for such absences as prolonged illness, vacation, teachers who are off-track, etc., or for official days off according to the Jordan School District calendar. Tuition is not subject to change during the course of the school year unless I/ we enroll other children in preschool.

I/We agree to provide SILVER PUPS Preschool with all necessary emergency information. I/We agree that should we have to terminate enrollment for any reason during the school year, we will give SILVER PUPS Preschool as much advance notice as possible.

I/We agree to pick our child up at the designated time, and understand that if there is a persistent problem, an additional overtime charge of \$5/ day will be added to my tuition. If there is a habitual problem, the child may be removed from the program.

I/We agree not to send personal possessions and/or toys to school with our child, excluding outdoor wear and sharing items.

I/We will not send homemade treats to school with my child.

I/We agree to keep our child at home if he/she is sick and have someone come for him/her if he/she becomes ill while at school.

## **SILVER PUPS FACULTY, STAFF & MANAGEMENT RESPONSIBILITIES:**

We agree to provide the best possible care of your child during the time he/she is in our preschool program. We agree to design and implement curriculum that will meet the development and emotional needs of the preschool children.

We agree to keep proper teacher/ child ratios as outlined by the Utah State Division of Child Care.

We agree to supervise high school students as they work with your child.

We agree who maintain an "open door" policy with regard to parents/guardians. All other visitors will be required to gain permission to visit the facility while children are present.

We agree to notify parents if their child becomes sick or injured at the center, and to provide prompt care until medical attention can be obtained.

Discipline will be age appropriate and used to teach, not punish, the children. Staff, high school students and faculty will NEVER strike, bite, or in any way use physical or emotional punishment.

We reserve the right to withdraw a student if a problem with payment, behavior, or legal problems becomes an issue. We will refund those months tuition if necessary.



Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

SILVER PUPS Preschool Director \_\_\_\_\_ **Camille Hicks** \_\_\_\_\_

---