

Early Childhood Education Program Registration 2018 - 2019

Play Group Sessions (select preferred session to attend)

Monday/Wednesday (8:30 am – 10am) ____ Monday/Wednesday (10:30 am – 12pm) ____

Tuesday/Thursday (8:30 am – 10am) ____

Tuesday/Thursday *Hmong immersion* (10:30 am – 12pm) ____

Friday (AGES 3 – 5) (9am – 12pm) ____



Child's First Name: _____ Last Name: _____ Date of Birth: _____

Age: ____ Gender: Male ____ Female ____ Ethnicity _____

Mother's First and Last Name: _____

Primary Phone #: _____ Email: _____

Language(s) spoken: Primary _____ Secondary: _____

Father's First and Last Name: _____

Primary Phone #: _____ Email: _____

Language(s) spoken: Primary _____ Secondary: _____

Stone Soup Play Group Monthly Fee: \$20 per child; if a family has more than 1 child, each additional child is \$10. The fee is collected in the main office at the start of each month.

Children Ages 0 – 5 Only

Has your child attended any other program(s) and/or preschool? Yes ____ No ____

If yes, please list the program(s) and/or preschool: _____

How much English does your child speak? None ____ Some ____ Fluent ____

Other language(s) spoken by your child: _____

Does your child have allergies or other health concerns or special needs? Yes ___ No ___

If yes, please explain:

Office Use Only:

Family # _____ ID # _____

List child's sister(s) and their birth date(s)	List child's brother(s) and their birth dates

Release for Use of Photograph/Video

We ask for permission to use your photo and/or story in Stone Soup's promotional materials to promote our program organization.

I understand that if my child participates in Stone Soup Fresno's program(s), his or her name and picture may be used in flyers, publications, videos, and other communications. I give my consent to Stone Soup Fresno to use my child's name and picture, together with factual statements concerning my child in flyers, publications, videos, and other communications.

I grant to Stone Soup Fresno the right to take photographs and videos of my family and/or myself with or without my name and for any lawful purpose, including for example such purposes as publicity and promotional uses in flyers, publications, on their website, and other communications to benefit the program and the organization.

I WAIVE and RELEASE for myself and child, our heirs, executors and assigns, all claims and right for claims for damages of any type or nature arising from or in connection with our participation in or association with Stone Soup Fresno.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____ **Relationship:** _____

How did you hear about Stone Soup Fresno? _____

Check the following if you would like to receive information about Stone Soup Fresno's:

Other programs ___ Events ___ Parent Opportunities ___ Volunteer Services ___

Office Use Only:

Check off the following items if copies have been collected:

Birth Certificate: __ Immunization Record: __ Health/Medical Insurance: __ Proof of Fresno County Residence __
Start Date: _____ End Date: _____ Attendance: _____