

To complete the registration process, please return the completed 3-page form and \$50.00 non-refundable registration fee\* by *mail* to:

**School on the Green**  
**P.O. Box 1496 Litchfield, CT 06759**

**Registrations will *not* be accepted if postmarked *before* January 30, 2018**



## SIBLING & ALUMNI REGISTRATION

In accordance with Federal Law, School on the Green does not in any way discriminate on the basis of race, color, national origin, sex, age, or disability.



Administrative Use Only:	
Date Registration Received	/ /2018
Registration Fee Received-Check No.	
Acceptance Letter Sent	
Notes:	

### APPLYING FOR:

- 2 Day Program (Tuesday and Thursday)
- 3 Day Program (Monday, Wednesday, Friday)
- 5 Day Program (Monday – Friday)

*All programs are ages 3-5 combined in **one** mixed-age classroom, 9:00 AM – 1:00 PM*

**Child's Name:** \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: **M** **F** Nickname: \_\_\_\_\_

Child's Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Mother's Address (if different): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other: (work) (cell) (home) \_\_\_\_\_

Email: \_\_\_\_\_ Join our parent email communication? **Yes** **No**

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Father's Address (if different): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other: (work) (cell) (home) \_\_\_\_\_

Email: \_\_\_\_\_ Join our parent email communication? **Yes** **No**

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\*Registration fees are non-refundable for families who elect to cancel their child's registration. Registration fees are not applied to tuition.

**Siblings in Family:** Please include name and date of birth:

**Sibling 1:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Sibling 3:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Sibling 2:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Sibling 4:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

Have other children in your family attended School on the Green? If yes, please list names and year(s) attended. \_\_\_\_\_

Is your child toilet trained? **YES** **NO** Comments: \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Does your child have any physical limitations? If so, describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? If so, describe: \_\_\_\_\_  
\_\_\_\_\_

**Enrollment Packet:** I'd like to receive my Enrollment Packet via  Email  US Mail

**Emergency Contact:** Person other than a parent to be called in an emergency if a parent cannot be reached:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, if parent or family doctor cannot come, the School is hereby authorized to call the school physician for my child. I understand that I am responsible for the full tuition payment for the school year, unless we relocate out of town or my child is withdrawn at the suggestion of a physician or the School Director.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

*Submission of this form does not guarantee enrollment. Enrollment is determined on a first come, first served basis with siblings of alumni and currently enrolled students having the opportunity to register prior to open registration.*

**REGISTRATION SURVEY**

*In order to help us make your child's preschool experience the best possible and prepare for the upcoming year, please fill out the following and return with your registration form. We value your input.*

**How did you hear about School on the Green (SOTG)?**

Newspaper    Sibling Attended    Web Search    Open House    Recommendation (by whom?)    Other

**Why did you select SOTG for your child?**

Liked the Program    Parent-Co-op structure    Cost    Facility    Teachers    Location

Other (why?) \_\_\_\_\_

**Would you be interested in volunteering in the following?**

Chaperone a field trip    **Yes**    **No**

Volunteer as a substitute    **Yes**    **No**

Mystery Reader    **Yes**    **No**

Play-dough Maker    **Yes**    **No**

Scholastic Book Club    **Yes**    **No**

**Do you have a talent, special skill, profession, or activity that you'd like to share with your child's class? If so, please describe.**

**The children take many field trips throughout the year. Do you have a suggestion for a new field trip? If so, please provide information such as contact name, phone number, or location, if known.**

**As a non-profit, parent cooperative preschool, School on the Green is led by a Board of Directors made up of parents of students and other community members. Would you be interested in a position on the Board of Directors?**

Yes                      No                      I'd like to learn more

*If yes, which area(s) most interest you?*

Executive Committee (President, VP, Treasurer, Secretary)

Marketing    Fundraising    Events    Licensing    Governance

**Comments:** \_\_\_\_\_