

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* February 11, 2019



OPEN 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	/ /2019
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.

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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: Please list TWO people other than a parent to be called in an emergency if a parent cannot be reached:

Name: _____ Relation to Child: _____ Phone: _____ Child knows as: _____

Name: _____ Relation to Child: _____ Phone: _____ Child knows as: _____

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

My child will be attending Kindergarten in the 2020-2021 school year and I am interested in learning more about/registering him/her for the SOTG Kindergarten Enrichment Program Yes No

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: _____