



Tender Years

507 Walnut Hill Road
North Yarmouth, ME 04097
(207) 829-6062

www.tender-years.com

LEARNING CENTER Registration Form

Child's Birth date: _____

Child's Last Name: _____

Child's First Name: _____

Gender M F

Address _____
Street Town Zip Telephone

3 - 4 year old Preschool Program (Child must be 3 by October 15 th)		
2 AM	Tuesday & Thursday (8:30-11:30)	
2 FULL	Tuesday & Thursday (7:30-5:00)	
3 AM	Monday, Wednesday & Friday (8:30-11:30)	
3 FULL	Monday, Wednesday & Friday (7:30-5:30)	
4 AM	Monday, Tuesday, Thursday & Friday (8:30-11:30)	
4 FULL	Monday, Tuesday, Thursday & Friday (7:30-5:30)	
5 AM	Monday through Friday (8:30-11:30)	
5 FULL	Monday through Friday (7:30-5:30)	
OTHER	Alt Schedule authorized by Karen Bruder	

4 - 5 year old Pre-Kindergarten Programs (Child must be 4 by October 15 th)		
2 AM	Tuesday & Thursday(8:30-11:30)	
2 FULL	Tuesday & Thursday(7:30-5:30)	
3 AM	Monday, Wednesday & Friday (8:30-11:30)	
3 FULL	Monday, Wednesday & Friday (7:30-5:30)	
4 AM	Monday, Tuesday, Thursday & Friday (8:30-11:30)	
4 FULL	Monday, Tuesday, Thursday & Friday (7:30-5:30)	
5 AM	Monday through Friday (8:30-11:30)	
5 FULL	Monday through Friday (7:30-5:30)	
OTHER	Alt Schedule authorized by Karen Bruder	

PARENT 1

First Name Last Name

Street Address Town

Home Phone Cell Phone

Employer Occupation

Work Phone

E-mail Address

PARENT 2

First Name Last Name

Street Address Town

Home Phone Cell Phone

Employer Occupation

Work Phone

E-mail Address



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- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | My child's information may be shared and included in a class directory. |
| <input type="checkbox"/> | <input type="checkbox"/> | My child is the sibling of a TYLC alumni. List alumna/alumnus name here _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any health problems? If yes, please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Any known allergies? If yes, please list here: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any foods your child cannot eat? If yes, please list here: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Any vision, hearing, or speech or behavior problems? If yes, please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any medications given regularly? If yes, please list here: _____ |

Signature of Parent/Guardian

Date:



Child D.O.B. _____

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EMERGENCY INFORMATION RECORD

CHILD'S LAST NAME		CHILD'S FIRST NAME	
PARENT/GUARDIAN NAME		HOME PHONE	
HOME ADDRESS		CITY	STATE ZIP
ALTERNATE HOME ADDRESS		CITY	STATE ZIP
PARENT 1 NAME	BUSINESS PHONE		CELL PHONE
PARENT 2 NAME	BUSINESS PHONE		CELL PHONE
IN CASE OF AN EMERGENCY AND PARENT/S IS NOT AVAILABLE, CONTACT:			
NAME 1	ADDRESS		PHONE
NAME 2	ADDRESS		PHONE
CHILD'S PHYSICIAN	ADDRESS		PHONE
CHILD'S DENTIST	ADDRESS		PHONE

HOSPITAL WHERE CHILD SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE

ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or if necessary, use the other side of this form)

ALLERGIES

ASTHMA

DIABETES

OTHER

EPILEPSY

HEART PROBLEMS

RECURRING ILLNESS

In case of an accident or serious illness or injury, I request the school to contact me. If the school is unable to reach me, I hereby authorize the staff at Tender Years Learning Center to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever actions seem necessary:

Parent/Guardian Signature: _____ Date: _____



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Under the *Freedom of Information and Protection of Privacy Act*, it is necessary for Tender Years Learning Center to obtain consent in order to use photographs or videos of your child.

Photographs of program participants may be taken for the purposes of observation and assessment as well as for creating school keepsakes or mementos. Images and or videos may be used as supporting evidence for developmental referrals. Images may also be used for marketing purposes. If consent is not granted, photos or videos of your child will not be used. Please check all that apply.

- I consent to the use of photos/videos to be taken of my child for observation/assessment and or referral purposes .
- I consent to the use of photos/videos to be taken of my child for school keepsakes and mementos and class directory.
- I consent to the use of photos/videos taken of my child by Tender Years Learning Center for marketing purposes.
- I do NOT consent to any use of photos or videos taken of my child.

Child's Name

Parent or Legal Guardian's Name (Please print)

Parent or Legal Guardian's Signature

Date



Tender Years

LEARNING CENTER

Authorization for Pick-Up Form

Child's Name: _____

Please list below all individuals other than parents who are authorized to pick up your child/children. Unless the person is the child's parent, a photo I.D. will be required for these individuals to pick up your child.

Person 1	Person 2
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Address:	Address:
Phone:	Phone:
Person 3	Person 4
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Address:	Address:
Phone:	Phone:

I do hereby authorize Tender Years Learning Center to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Tender Years Learning Center from any and all responsibility for problems that may develop when such persons take my child from the premises.

Signature of Parent/Legal Guardian Date

Date