



Registration Form

2026 -2027 School Year

This form must be filled out in its entirety.

Please do not leave any lines blank.

305 S. Dogwood Drive

<https://www.harrisonburgva.gov/youth-services>

Child Information

Child's Full Name: _____

Nickname/Preferred name: _____ Gender: M___ F___

Home address: _____

Phone (_____) _____ Date of Birth* _____

*Must be 3 Years old by 09/30/2026 or 4 Years Old by 09/30/2026

Family Information

Parent 1

Name: _____

Home address: _____

Home phone: (_____) _____ Mobile Phone: (_____) _____

Workplace: _____

Work Phone: (_____) _____ Email address: _____

Parent 2

Name: _____

Home address: _____

Home phone: (_____) _____ Mobile Phone: (_____) _____

Workplace: _____

Work Phone: (_____) _____ Email address: _____

Medical

List any allergies or intolerances to food, medicine, etc. and any action to be taken in an emergency: Please be specific.

Child's Physician: _____ Physician's phone (____) _____

List any chronic physical problems and/or pertinent developmental information:

Has your child ever had an IFSP (Individualized Family Service Plan) or IEP (Individualized Education Plan)?
YES ____ NO ____ . If so, please provide information about this so that we can better serve your child:

List any further accommodation your child may need:

General

List any schools your child has previously attended (excluding this one):

List any schools your child is currently attending (excluding this one):

What are your expectations for your child's development during their time at our preschool?

What is the first language spoken within your home?

Emergency Contacts

Please list the names and addresses of **two** local individuals (with different addresses) to contact if parents cannot be reached.

Contact 1

Name: _____ Relationship to child: _____

(NOT PARENT)

Primary phone: (____) _____ Primary phone: (____) _____

Address _____

Contact 2

Name: _____ Relationship to child: _____

(NOT PARENT)

Primary phone: (____) _____ Primary phone: (____) _____

Address _____

Authorized Pick-Ups

Please list the names of people who are authorized to pick up your child in addition to the child's parents.

Name _____ Primary phone (____) _____

Please list names of people not authorized to pick up your child. Appropriate paperwork such as custody papers must be attached if a parent is not permitted to pick up your child.

I certify that the information on this form is true and correct. I agree to notify Harrisonburg Parks and Recreation Preschool if any information on this form changes.

Parent/Guardian Signature _____ Date _____

Agreements

- 1) The school agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to have the child picked up as soon as possible.

Please initial _____

- 2) The parent/guardian authorizes the school to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.

Please initial _____

- 3) The parent/guardian agrees to inform the school within 24 hours or the next business day after the child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening disease which must be reported immediately.

Please initial _____

- 4) The parent/guardian gives permission for the child to participate in the school's transportation and field trips.

Yes _____ No _____ Please initial _____

- 5) I hereby authorize the City of Harrisonburg to interview my child and/or use my child's likeness and name in materials to be used in public service announcements, public education initiatives, and in the service of the public good. This authorization extends to all publications including print, digital, or any other format whether now known or hereafter existing, controlled by the City of Harrisonburg. I will make no monetary or other claim against the City of Harrisonburg for the use of my child's interview, likeness, and/or name in perpetuity.

Yes _____ No _____ Please initial _____

- 6) The parent guardian has received and understands the policies and procedures contained in the **Parent Handbook**. Any updates to the manual will be given via written notice.

Please initial _____

Office Use Only- Child Identity Verification

Child's Name: _____ Date of Birth: _____

Place of Birth: _____

Birth Certificate Number: _____ Date Issued: _____

Other Form of Proof _____

Signature of employee who viewed proof of child's identity: _____

Date: _____

First Date of Attendance: _____

Last Date of Attendance: _____