



*Big Sky*  
*Imaginarium*  
Preschool

Preschool Application & Registration

**Child's Full name:** \_\_\_\_\_

Nicknames: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_\_  Male  Female Age: \_\_\_\_\_

**Mother/ Guardian**

Name \_\_\_\_\_

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

Cell number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation/ Workplace \_\_\_\_\_

Work Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Father/Guardian**

Name \_\_\_\_\_

Address (If different than above): \_\_\_\_\_

Cell number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation/ Workplace: \_\_\_\_\_

Work Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Please check which class your child will be in.

(PM class is for students who are attending kindergarten the following year)

AM (3-4 year olds 8:30am-11:30pm)

PM (4-5 year olds 12:30pm-4:30pm)

**Important Child Information**

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dislikes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your child's personality: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Favorite Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything that staff should be made aware of?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Authorized adults allowed to pick up my child**

1. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone number: (\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_  Mobile  Work

Can this person be contacted in case of an emergency if we are unable to contact you?  Yes  No

2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone number: (\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_  Mobile  Work

Can this person be contacted in case of an emergency if we are unable to contact you?  Yes  No

3. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone number: (\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_  Mobile  Work

Can this person be contacted in case of an emergency if we are unable to contact you?  Yes  No

## **Past Preschool History**

1. Has your child attended a preschool before?  Yes  No

If so, where? \_\_\_\_\_

2. Has your child attended a preschool screening, given by licensed specialists, such as the screening provided by the school district?  Yes  No

If yes, was there any area of concern that needs more attention?  Yes  No

If yes, what is it? \_\_\_\_\_

\_\_\_\_\_

If your child has not gone to a preschool screening, would you be interested in taking your child to one, free of cost?

Yes  No

## **Parent Permission to Transport**

By signing this application, I give Big Sky Imaginarium Preschool permission for the following:

(check all that apply)

- My child's Photograph to be used on Big Sky Imaginarium website.
  
- Walk to Billings Public Library at 510 North Broadway.

\*\*\* If your child is not behaving or listening to staff direction in a manner that puts themselves or others in danger, we reserve the right to contact you to come pick up your child immediately for the safety of your child and others.

Yes, I will be taking advantage of the Before/After School Program at 2922 2nd Ave N, and understand that my child will be picked up and dropped off at preschool with the escort of an employee.

Each month I would like the:

- 60 Hour package - hours stay on your account until used (\$273)
- Unlimited Before/After School Hours - expires at the end of each month (\$400)

(You may choose a different hourly package if the 60 hour or unlimited does not fit your need)

## Sick Policy

By signing this application:

- I understand that if my child shows any of the following symptoms, I am responsible to keep my child home for 24 - 48 hours from the last symptom occurring without tylenol or ibuprofen for the safety of the other children and staff. Or 24 hours after the start of antibiotics if a doctors note is provided.

### 24 Hours

- Fever of 101+
- Vomiting
- Diarrhea ( more than 3 episodes within an hour
- Impetigo (pink eye)
- Difficulty breathing
- Sneezing
- Unexplained rashes
- Bacterial Infections
- Uncontrollable coughing

### 48 Hours

- RSV
- Croup
- Strep
- Suspected cases of influenza
- Hand, Foot, & Mouth
- Chicken Pox
- Scarlet Fever

- I agree to let Big Sky Imaginarium staff to give my child: (check all that apply)
  - Hand sanitizer
  - Lotion
  - Ointments

## Payment Agreement

By signing this application, I agree to: (check all after reading)

Pay Big Sky Imaginarium in the payment of \$250 every month for my child to attend. Preschool invoices will be emailed out on the 25th of the prior month and will be due by the 1st of every month and no later than the 5th. These invoices can be paid in our facility or online for your convenience.

Best email to send invoices: \_\_\_\_\_

Pay a \$100 non-refundable deposit to hold my child's spot to attend Big Sky Imaginarium Preschool. I understand that there are only 10 spots in each class and my child's spot is not secure until the deposit is paid.

Pay the monthly amount, even if my child misses days for vacation, sickness, medical leave, or during holiday vacation time. The preschool program is a tuition-based program, and does not operate as a drop in preschool.

Give a 30 day written notice if I am pulling my child from preschool for any reason and I understand that spot becomes available to the next child on our waitlist.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_