



SOJOURN, INC.

ADMINISTRATIVE USE ONLY

Immunization Received:	_____
Application Complete:	_____
Registration Paid:	_____
Start Date:	_____

Journey Preschool Registration

Child's Name: _____ Age: _____ Birthdate: _____

Address: _____

Parent/Guardian: _____ Cell: _____ Hm: _____

Parent/Guardian: _____ Cell: _____ Hm: _____

Email: _____ Child lives with: _____

Emergency Contact: _____ Phone: _____

Allergies/Medical/Developmental Concerns: _____

Medications my child is currently taking: _____

Primary Physician: _____ Ph _____ Fax _____

My child is toilet trained: **Y N** Needs Assistance: **Y N** Wears Pull-Ups/Diapers: **Y N**

Child's Weight: _____ My child communicates by: _____

Accommodations/Adaptations: _____

I prefer (circle one): Half Day (9:00-12:00) or (12:30-3:30) or Full Day (9:00-3:30)

(For morning session child may come in as early as 7am, for afternoon may stay until 6pm)

Days Needed: **M T W Th F** My child needs care before 7am or after 6pm **Y N**

Areas of Strength: _____

Areas of Need: _____

Behavioral Concerns: _____

Child's Likes/Interest: _____

Child's Dislikes/Avoids: _____

How did you hear about us? _____

Rates:

Registration Fee: \$80 Half-Day: \$300 month Full-Day: \$500 month Daily: \$20 Half-Day \$30 Full-Day

Please Initial:

_____ I agree to regular communication with Journey Preschool staff and to attend a planning meeting upon admission to discuss goals, needs, and expectations.

_____ If there are concerns or problems regarding the Preschool, I will immediately contact Preschool staff.

_____ I understand that if I should choose to have a therapist with my child, that the therapy is independent of the Preschool program; any therapy concerns will be directly addressed with the therapy agency.

_____ I am responsible for providing food, snacks and drinks for my own child.

_____ I am responsible for providing all supplies for toileting (diapers, wipes, pull-ups).

Persons authorized to pick up my child (ID required):
