



134 Infield Court, Mooresville, NC 28117

**Student Registration Form**

Name: \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Male/Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Parents Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Siblings Name & Age \_\_\_\_\_

Each Class is Monday- Friday

(Please Circle)

5 Day Program	Monday - Friday	Price: \$599 per month	Registration Fee: \$100
3 Day Program	Mon/Wed/Fri	Price: \$399 per month	Registration Fee: \$100
2 Day Program	Tu/Th	Price: \$279 per month	Registration Fee: \$100

<p><b>For Office Only: Registration Fee attached: \$</b> _____</p> <p><b>Received by:</b> _____</p> <p><b>Date Received:</b> _____</p> <p><b>Ck#:</b> _____</p>
---

Does your child currently receive any services at Pediatric Advanced Therapy? \_\_\_\_\_

Please list services accompanied by current therapist's, day of the week, and time:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to coordinate therapy services before or after preschool giving teacher permission to exchange child to their treating therapist? Yes/No (please circle)



134 Infield Court, Mooresville, NC 28117

**AUTHORIZATION AND EMERGENCY INFORMATION**

In case of emergency (and parents are unable to be contacted first):

Emergency #1 Name \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to contact:

\_\_\_\_\_

Emergency #2 Name \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to contact:

\_\_\_\_\_

Emergency #3 Name \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to contact:

\_\_\_\_\_

Child's Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List any allergies, diagnosis, behavioral, or medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization for Pick up

The following are authorized to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following are NOT authorized to pick up my child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



134 Infield Court, Mooresville, NC 28117

**Pediatric Advanced Therapy**

**Preschool Group**

**134 Infield Court**

**Mooresville, NC 28117**

**Consent to Medical Treatment of a Minor Waiver of Liability**

I, \_\_\_\_\_, am the father/mother/legal guardian (circle one) of \_\_\_\_\_ (minor child). In the case of emergency, I do hereby give my permission to Pediatric Advanced Therapy staff to consent to surgical, dental, drug, or other medical diagnosis and treatment of my minor child as such person in his or her sole discretion may deem appropriate, and any doctor, dentist, nurse, or hospital is authorized to rely on such consent just as though it was granted by me.

Pediatric Advanced Therapy has my permission to transport my child to the nearest hospital in an emergency. I understand that Pediatric Advanced Therapy staff member will accompany my child and stay with my child until I can be reached to relieve them.

**Waver of Liability**

I understand that children are supervised at all times and that every precaution is taken to prevent accidents. I relieve the staff at Pediatric Advanced Therapy of any liability in the event of an accident or injury on the premises or while my child is attending an activity.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Handbook Acknowledgement**

*I agree to abide by the policies of Pediatric Advanced Therapy Preschool Play Group as stated in the handbook.*



134 Infield Court, Mooresville, NC 28117

---

Parent Signature

---

Date

### **PRESCHOOL PLAY GROUP ENROLLMENT 2019/2020**

#### **PRESCHOOL PLAY GROUP HOURS & DATES:**

Hours of operation are 8:30-12:30 daily (3 hour classes with start/stop time staggered by class). We follow our own schedule taking into consideration inclement weather. Parent will be notified by 7:00am via text or phone call per weather advisory of day specified.

**The 2019 school year will begin Tuesday September 3.**

#### **REGISTRATION PROCESS:**

Registration is open 3/1/2019. There is a \$100 non-refundable registration fee required for each student who is placed in a classroom. Contact **Maegan Gillooly** (Director of non-therapy services) at **Maegang@patkids.com**.

#### **PRESCHOOL PLAY GROUP SCHEDULE AND TUITION:**

Preschool Tuition is due on the 1<sup>st</sup> day of each month and will pay for that month of preschool. Methods of payment are: Cash, Check, or Bank Check (you can set up an automatic re-occurring payment from your bank). There will be a \$30.00 dollar late charge if payment is received after the fifth of the month.

**Please refer to “Parent Handbook” for more information.**