

Preschool Solutions Registration Form

A PROGRAM OF **LibertyPOST**
2026-2027 School Year

Child's Name: _____ Gender: Male Female

Date of Birth: _____ School District: _____

Street Address: _____ City: _____ ZIP Code: _____

Does/will your child receive services for: Early Intervention Preschool Special Education

PARENT / GUARDIAN #1 INFORMATION

Parent / Guardian Name: _____ Lives with the child? Yes No

If no, please provide the address:

Street Address: _____ City: _____ ZIP Code: _____

Phone: _____ Email: _____

Do you want to receive emails with information & updates? Yes No

PARENT / GUARDIAN #2 INFORMATION

Parent / Guardian Name: _____ Lives with the child? Yes No

If no, please provide the address:

Street Address: _____ City: _____ ZIP Code: _____

Phone: _____ Email: _____

Do you want to receive emails with information & updates? Yes No

EMERGENCY CONTACTS & AUTHORIZED PICK-UP INDIVIDUALS

Please provide contact information for individuals authorized to pick up your child.

Name: _____ Relationship: _____

Phone: _____ *For Office Staff:* Driver's License on file?

Name: _____ Relationship: _____

Phone: _____ *For Office Staff:* Driver's License on file?

Name: _____ Relationship: _____

Phone: _____ *For Office Staff:* Driver's License on file?

Is there anyone who **should not** pick up your child? Please provide details:

Allergy Plan

Please complete the following information for your preschooler.

Child's Name: _____

Does your child have any known allergies?

No, my child does not have any known allergies. Please initial: _____

Yes, my child does have known allergies. Please initial: _____

Known Allergies – please list each allergy separately:

Treatment Plan(s) – please include or attach information from pediatrician / allergist / physician for each known allergy:

About Your Child

Help us learn more about your preschooler.

Child's Name: _____ Nickname: _____

Is your child potty trained? Yes No

Is this your child's first experience going somewhere without a trusted grown-up? Yes No

Does your child have any fears?

What is the best way to comfort your child?

Are there any activities that make your child uncomfortable?

What toys / activities does your child like?

Please list holidays or special occasions you and your child celebrate at home.

What would you like your child to gain from their preschool experience?

Will your child receive services such as speech, occupational or physical therapy, counseling, or special instruction during the school year? If so, please list which service(s), the name of the provider, and the frequency. Liberty POST can also provide these services to your child – please ask us for more information.

Please list holidays that your family celebrates.

Are there any other concerns/thoughts that you'd like to share with us?

Waiver & Release of Liability

I agree that this Waiver and Release of Liability shall apply to each day I am at Preschool Solutions (PSS) regardless of the date that this form is signed below. I agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family members while on the premises of the preschool or participating in any offsite preschool program or activity; and to the maximum extent of the law, I agree to waive and release any and all claims, suits, or related causes of action against Preschool Solutions, (PSS) their owners, officers, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third party claims, suits or related causes of action asserted against the preschool arising from my conduct and/or my family's conduct while participating in the preschool's programs or activities. I further agree to release, indemnify, defend and hold Preschool Solutions (PSS) harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

Preschooler's Name: _____ Date of Birth: _____

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Consent & Authorization

Please initial your acknowledgement of the following statements.

- The preschool may obtain emergency medical treatment for my preschooler if I cannot be contacted immediately. Initial here: _____
I accept responsibility for my child's transportation, including off-site field trips. Initial here: _____
The classroom teacher may provide my preschooler with sensory tools such, as weighted items or specialized seating, to assist him/her with self-regulation. Initial here: _____
My preschooler may be photographed during class. I understand that photos or videos may be posted on the school's internal communications app, Class Dojo. I also give permission for my child's photo to be used for - check all that apply:

- Website General Marketing & Advertising Social Media
Internal Bulletin Boards

Initial here: _____

- I understand that students may observe my child's classroom and/or therapy session at Preschool Solutions for the purpose of their training, coursework, or internship requirements. The student will be expected to maintain strict confidentiality and adhere to all Preschool Solutions policies and professional standards. Initial here: _____
I understand monthly tuition is due on the 1st of each month regardless of absences, vacations, holidays, or emergency closings. Initial here: _____
I agree to leave a credit card on file with Preschool Solutions. I understand that it will not be charged without prior notification. Initial here: _____

Name on Credit Card: _____

Credit Card #: _____ CVV: _____ Exp. Date: _____

Billing Address: _____

- I have read and understand Preschool Solutions Policies. Initial here: _____

Preschooler's Name: _____ Date of Birth: _____

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Program Enrollment

Select the preschool program(s) that you wish to enroll in.

Preschool Morning Schedule

2-Year-Old Program: 9:15 am – 11:45 am*

- Two Days / Week – Tues & Thurs Tuition: \$340 per month
- Three Days / Week – Mon, Wed, & Fri Tuition: \$510 per month

3-Year-Old Program: 9:30 am – 12:00 pm*

- Two Days / Week: Tues & Thurs Tuition: \$300 per month
- Three Days / Week: Mon, Wed, Fri Tuition: \$404 per month

4-Year-Old Program: 9:15 am – 11:45 am

- Three Days / Week: Mon, Wed, Fri Tuition: \$394 per month
- Five Days / Week: Mon – Fri Tuition: \$514 per month

*Interested in combining programs to enhance your preschooler’s schedule? Contract our office before completing this registration form to discuss options and tuition. Contact us at 845-8247-5360 or preschoolsolutions@liberty-resources.org

Lunch Bunch Schedule

3-Year-Old Program: 12: 00 pm – 2:30 pm

- Mon: \$130 / month Tue: \$130 / month Wed: \$130 / month
 Thu: \$130 / month Fri: \$130 / month

4-Year-Old Program: 11:45 am – 2:15 pm

- Mon: \$130 / month Tue: \$130 / month Wed: \$130 / month
 Thu: \$130 / month Fri: \$130 / month

Additional Fees

You will also be asked to pay the following additional one-time fees:

General Preschool

Registration Fee: \$120 | Activity Fee: \$115

Lunch Bunch for 3 & 4-year-old program only

Activity Fee for Mon: \$40 | Activity Fee for Tue: \$40 | Activity Fee for Wed: \$40
Activity Fee for Thu: \$40 | Activity Fee for Fri: \$40

Tuition Worksheet

AM

Preschool Class Monthly Tuition: \$ _____

Preschool Class One-Time Registration Fee: \$120 _____

Preschool Class One-Time Activity Fee: \$115 _____

PM

Lunch Bunch Monthly Tuition: \$ _____ (= # of days per week x \$ _____)

Lunch Bunch One-Time Activity Fee*: \$ _____ (= # of days per week x \$40)

*for 3-year-old and 4-year-old programs only

TOTAL DUE: \$ _____

To complete your child's registration, please remit your completed registration form, medical statement, and a check made payable to Liberty Resources for the amount listed above.