

THE NATALIE G. HEINEMAN
SMART LOVE
PRESCHOOL

TE! Family Information & Registration Form

In order to reserve a place for your child or children, please complete this form in advance.
For questions, contact Kelly Perez at 773.665.8052 x22 or kelly.perez@smartlovefamily.org
Please complete both sides of this form, Thank You.

Parents/Caregiver Names: _____

Child's Name: _____ DOB: _____

Siblings: _____ Ages: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Cell Phone: () _____

Email(s): _____

Please describe a typical day for your toddler. _____

Does your child have any allergies? _____

Please describe any medical conditions which affect or may affect your child's life, for example:
allergies, illness, operations, vision or hearing impairments, developmental delays or disabilities.

Will anyone else bring your child to the Toddler Explorations class?

If so, please share:

Name(s): _____

How long have they been with your family? _____

Please describe how you handle guidance and challenging situations with your toddler. If you have a caregiver, does he/she follow those same guidelines? _____

If you like, please share with us what you are hoping for you and your child in our Toddler Explorations class. _____

How did you hear about us? Web _____ NPN _____ Menomonee _____ Friend _____
Other _____

Please Register us for:

Session: Fall _____ Winter _____ Spring _____ Summer _____

Day: Tuesday _____ Wednesday _____ Thursday _____ Saturday _____

Class Time: 9:00 – 10:15 _____ 10:30 – 11:45 _____

Mom & Baby: Wednesday 11:00 – 12:15 _____

Session Fees \$ _____ for _____ Classes (\$28 per class)

Date of 1st class _____ Last class _____

Payment: Check _____ PayPal _____ (Credit Card) MC _____ Visa _____

Date processed: _____

Pay online, over the phone with credit card or mail check payable to Smart Love Family Services, and mail to Smart Love Family Services, 800 W. Buena Ave., Chicago, IL 60613.

In consideration of being permitted to enter the facilities of Smart Love Family Services and to participate in the programs described above, I hereby release Smart Love Family Services, its employees, directors, and officers, to the fullest extent by law, from all liability to me or my child named above for any loss, damage, whether caused by the active or passive negligence of Smart Love Family Services or otherwise, on account of any illness or injury while I or my child named above is in the facilities of Smart Love Family Services or participating in any program of Smart Love Family Services.

DATE

SIGNATURE OF PARENT OR GUARDIAN