

**Pony Preschool & Child Development Center  
490 4<sup>th</sup> Street North, Bayport, MN 55003  
651-351-9528**

**Registration Contract \$50.00 Registration Fee per Child  
(Must be paid at the time of registration) \_\_\_\_\_**

**Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Parent \_\_\_\_\_ Home Phone \_\_\_\_\_**

**Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Employer \_\_\_\_\_ Work Contact/Phone \_\_\_\_\_**

**Parent \_\_\_\_\_ Home Phone \_\_\_\_\_**

**Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Employer \_\_\_\_\_ Work Contact/Phone \_\_\_\_\_**

**Contracted Schedule/Days & Hours of Attendance**

**Monday \_\_\_\_\_ Hours \_\_\_\_\_**

**Tuesday \_\_\_\_\_ Hours \_\_\_\_\_**

**Wednesday \_\_\_\_\_ Hours \_\_\_\_\_**

**Thursday \_\_\_\_\_ Hours \_\_\_\_\_**

**Friday \_\_\_\_\_ Hours \_\_\_\_\_**

**Pony Preschool will staff according to our parents' contracted schedules.  
Please note that you will be responsible for payment of tuition for these  
contracted days unless a 24 hr notice is given to management.**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

**I hereby grant permission to the staff of Pony Preschool & Child Development Center to:**

- 1. Take the necessary steps in the event of a medical emergency**
- 2. Administer diapering products(if applicable) provided by parent/guardian**
- 3. Administer sun screen provided by parent/guardian**
- 4. Take my child on a weather appropriate walking field trip less than one mile round trip from grounds of Pony Preschool. (i.e. park)**
- 5. Assist my child with any needs during bathroom time.**

**Financial Arrangement**

**Days Attending** Mon\_\_\_Tues\_\_\_Wed\_\_\_Thurs\_\_\_Friday\_\_\_

**Hours Needing Care:**\_\_\_\_\_

**Meals Needed: Breakfast**\_\_\_\_\_ **Lunch**\_\_\_\_\_ **PM Snack**\_\_\_\_\_

**Contracted Tuition Payment: Weekly \$**\_\_\_\_\_ **Bi Weekly \$**\_\_\_\_\_

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**AUTHORIZATION: We the undersigned hereby agree to abide by the arranged contract and authorizations stated in the above agreement.**

**Signature of Director of P.P.C.D.C**\_\_\_\_\_ **Date**\_\_\_\_\_

**Name of Parent Admitting Child**\_\_\_\_\_ **Date**\_\_\_\_\_

**Signature of Parent**\_\_\_\_\_ **Date**\_\_\_\_\_