



FOR OFFICE USE ONLY

REGISTRATION FEE PAID DATE: _____

__M/TH 3 YR OLD

__M,T,TH,FR 4 & 5 YR OLD

__T/F 3 YR OLD

(REGISTRATION FEE DOES NOT APPLY TO 4YR OLD)

SUGAR PLUM PRESCHOOL REGISTRATION 2026-2027 SCHOOL YEAR

CHILD INFORMATION

Child's Name: _____ Date of Birth: _____ M / F
First Middle Last

Child's Address : _____

Child's City/State/ZIP: _____ Child's Phone: _____

Who does your child live with? _____

Race/Ethnicity: White/Caucasian Black/African American Hispanic Asian
 Native American/Alaska Native Native Hawaiian/Pacific Islander Other

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____ Date of Birth: _____

Parent/Guardian 1 Email: _____

Parent/Guardian 1 Occupation: _____ Work Phone: _____

Parent/Guardian 1 Cell Phone: _____ Relationship: _____

Parent/Guardian 2 Name: _____ Date of Birth: _____

Parent/Guardian 2 Email: _____

Parent/Guardian 2 Occupation: _____ Work Phone: _____

Parent/Guardian 2 Cell Phone: _____ Relationship: _____

OTHER CHILDREN IN THE HOME

Name: _____ Date of Birth: _____

Does anyone other than parents have a substantial role in rearing your child? Who?

Name: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

If we cannot reach parents, in the case of an emergency call...

Name: _____ Cell Phone: _____

Relationship: _____ Can this person pick-up your child? Yes or No

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Name: _____ Cell Phone: _____

Relationship: _____ Can this person pick-up your child? Yes or No

Is there anyone who may NOT pick up your child? _____

HEALTH EVALUATION

Ongoing health problems (allergies, colds, ear infections, etc.) _____

Is your child on medication? Yes or No If yes, what?

Child's Doctor: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Is your child subject to fainting? _____ Convulsive Seizures? _____ Other: _____

Has your child had any recent exposure to contagious disease? If so, explain: _____

Please describe any surgery, serious accidents, broken bones, other illnesses, vision or hearing conditions that we should be aware of: _____

Are there speech difficulties? Yes or No Explain: _____

If there are speech difficulties, would you like your child evaluated by the AEA? Yes or No

DEVELOPMENT EVALUATION

Does your child have any of the following problems which you are concerned about at the present time or in the past few months: (circle all that apply)

- | | | | |
|----------------|--------------|----------------|----------------------|
| Restlessness | Flightiness | Overdependence | Over Activity |
| Awkwardness | Nail Biting | Excitability | Demand for Attention |
| Submissiveness | Shyness | Daydreaming | Lack of Confidence |
| Aggressiveness | Temper | Thumb Sucking | Sensitiveness |
| Whining/Crying | Nose Picking | Hair Pulling | |

Other: _____

What methods of control are used at home for behavior problems and how does the child react?

What motivates your child to behave properly? _____

Is your child toilet trained? Yes or No When?

Any other comments about your child’s development you’d like to share with Sugar Plum
Preschool Staff? _____

PLAY AND SOCIAL INTERACTION EVALUATION

How does your child get along with other children/siblings?

Previous Group Experiences: (circle all that apply)
Daycare Playgroup Preschool Sunday School
YMCA Program Other Programs: _____

In what areas do you hope that preschool will benefit your child? _____

What is your child’s attitude about coming to preschool? _____

How did you learn about Sugar Plum Preschool? _____

CHILD CARE PROVIDER INFORMATION

Name of Provider: _____

Address: _____

Phone Number: _____

PLEASE READ THE FOLLOWING AND CIRCLE YES OR NO

Yes or No In the event that my child is injured during any Sugar Plum activity, I authorize Sugar plum to call a physician or dentist for medical care for my child and admit my child to a hospital, if necessary. I understand that the Sugar Plum Staff will make a concentrated effort to contact parents/guardians and emergency numbers listed prior to hospitalization, but if it is not possible, this experience will be accepted by us.

Yes or No Sugar Plum has permission to photograph or video my child for promotional, advertising and media purposes for Sugar Plum and the YMCA.

Yes or No I agree to notify the YMCA or Sugar Plum if I move, change my phone number, job, etc., and keep this information current.

Yes or No My child will be escorted into the facility at drop-off and out of the facility at pick-up by only those indicated on the registration packet.

Yes or No My child may participate in Field Trips with the other Sugar Plum students. If not, I understand that I will not bring my child to Sugar plum for that day.

Yes or No I acknowledge that my child will be shuttled by the YMCA for in-town Sugar Plum field trips.

In consideration of my participation in the activities of Sugar Plum Preschool, a program of the Mason City Family YMCA, I do hereby agree to hold free from any and all liability the Mason City Family YMCA, its employees and members, and do hereby for myself, my heirs, executors and administrations waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter occur to me out of or connected with my participation in the transportation related to the activities of Sugar Plum Preschool. I specifically waive, release, and forever discharge any claim against the Mason City Family YMCA, its sponsors, officers, employees, directors, volunteers, or contractors even if I suffer injuries or damages as a result of the acts, fault or negligence of the Mason City Family YMCA, its sponsors, officers, employees, directors, volunteers or contractors, or anyone else associated with said released party.

Parent Signature: _____ Date: _____

Please attach the \$25 registration fee to this form to secure your child’s spot in the 2025-2026 preschool year. (Registration fee does not apply to SWVPK funded programs)