

THE NATALIE G. HEINEMAN  
**SMART LOVE.**  
PRESCHOOL

**Toddler Explorations, Toddler Transitions and Parent & Baby  
Family Information & Registration Form**

Please complete both pages for each child enrolled, Thank You!

Today's Date: \_\_\_\_\_

Parents/Caregiver Names: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Siblings: \_\_\_\_\_ Ages: \_\_\_\_\_

1<sup>st</sup> Parent Occupation/Position: \_\_\_\_\_

2<sup>nd</sup> Parent Occupation/Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Email(s): \_\_\_\_\_

Please describe a typical day for your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

Is your child fully vaccinated to date? \_\_\_\_\_

Will any other caregivers/family members be accompanying your child to the class?

\_\_\_\_\_

If so, please share:

Name(s): \_\_\_\_\_

If a caregiver, how long have they cared for your child?

\_\_\_\_\_

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

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If you like, please share with us what you are hoping for you and your child in the class.  
class. \_\_\_\_\_

How did you hear about us? Web \_\_\_\_\_ NPN \_\_\_\_\_ Live Nearby \_\_\_\_\_ Friend \_\_\_\_\_  
Other \_\_\_\_\_

**Please register us for:**

**Babies & Crawlers (6wks-11 mos.):** Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Day & Time:** Wednesday 1:-1:45 PM

**Toddler Explorations (12-36 mos.):** Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Day:** Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_

**Class Time:** 9:00-10:00 AM

**Toddler Transitions (30-36 mos.):** Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Days & Time:** Tuesday and Thursday 10:45AM-12:00PM

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**Class Session Fees** \$ \_\_\_\_\_ for \_\_\_\_\_ Classes

**Date of first class** \_\_\_\_\_ **Last class** \_\_\_\_\_

**Payment:** Check \_\_\_\_\_ PayPal \_\_\_\_\_ Credit Card \_\_\_\_\_

MC \_\_\_ Visa \_\_\_ Credit Card # \_\_\_\_\_ **Exp** \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

**Pay online, over the phone with credit card or mail check** payable to Smart Love Family Services. Mail to Smart Love Family Services, 2222 N. Kedzie., Chicago, IL 60647.

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.

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DATE

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SIGNATURE OF PARENT OR GUARDIAN

Please contact the preschool office at 773.665.8052 ext. 1 or [kelly.perez@smartlovetfamily.org](mailto:kelly.perez@smartlovetfamily.org) if you should have further questions. Thank you.

**OFFICE USE ONLY: Date Processed** \_\_\_\_\_