

Preschool Registration

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CHILD'S INFORMATION:

Full Name: _____ Age: _____ Sex: M / F

Name You Want Your Child To Write: _____ Date of Birth: ___/___/___

Hair Color: _____ Eye Color: _____ Height: ___ ft. ___ in. Weight: ___ lbs.

Does your child have any allergies? Yes No

If yes: Dairy Nuts Medicine: _____ Other: _____

I understand that any of these foods may be within reach of my child when at preschool. (Initials): _____

Will any medicines need to be administered during preschool? Yes No

If yes, please fill out a *Medication Authorization, Administration & Log*

Does your child have any conditions that will affect play/learning? Yes No

If yes, please explain: _____

CONTACT INFORMATION:

Complete Address: _____

City, State, Zip Code: _____

Email: _____ Home Phone: _____

PARENT INFORMATION:

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Parents Are: Married Divorced Separated Living Together

Are there any special custody arrangements? Yes No N/A

If yes, please explain and provide any legal documentation: _____

REGISTRATION AGREEMENT:

I, _____, agree to register my child into _____
instructed by _____ for the following school year held from _____ -
_____ and I agree to pay the following amount for tuition:

\$_____ per month for the _____ class held from _____ - _____.

Tuition may be paid for by cash, personal check, or money order, and it must be paid by the first class session of every month. Tuition cannot be refunded, and I understand that if my child is not able to attend a preschool session under any circumstance, I will not be refunded my tuition.

To hold a place for my child in this program and to provide for my child's yearly school supplies, I agree to pay the registration amount of \$_____ which is also non-refundable.

Finally, I agree to abide by the rules and guidelines listed in the Policies and Procedures booklet which has been explained and provided to me.

Parent/Guardian: _____ Date: _____

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Child's Name: _____

DOB: _____

PHOTO/VIDEO PERMISSION:

I understand that my child may be photographed and/or videotaped while at preschool, and I give permission for _____ to use the resulting photographs and/or video clips of my child for these purposes:

- Y / N Use photographs for our records and a variety of arts & crafts projects
- Y / N Use photographs for promotional purposes on our preschool website and/or blog
- Y / N Record video clips onto a DVD for families of enrolled children
- Y / N Display video clips for promotional purposes on our preschool website and/or blog

CHILD RELEASE:

List every individual (including yourself) who can pick up your child from preschool. If you list them as an emergency contact, you give us permission to contact them if we can't reach you, and allow us to relay information about your child's condition & location.

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Can be listed as an emergency contact? Yes No

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Can be listed as an emergency contact? Yes No

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Can be listed as an emergency contact? Yes No

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Can be listed as an emergency contact? Yes No

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Can be listed as an emergency contact? Yes No

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Can be listed as an emergency contact? Yes No

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____
Can be listed as an emergency contact? Yes No

Parent/Guardian: _____

Date: _____

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Child's Name: _____

DOB: _____

WAIVER AND RELEASE OF LIABILITY:

I agree that this Waiver and Release of Liability shall apply to each day I am at _____ 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 off-site 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 _____, their owners, officers, employees or agents for injury, loss, death, costs or other damages to me, my heirs or assigns, or third parties for 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 _____ harmless from any liability whatsoever for future claims presented by my child for any injuries, losses or damages.

EMERGENCY PERMISSION:

In the event of an injury or illness that occurs while your child is in our care, we will follow these procedures depending on your child's condition:

- If your child has sustained a mild injury (example: skinned knee) we will make your child comfortable and let you know what happened when you come to pick up your child.
- If your child has sustained a minor injury or might be coming down with an illness (example: slight fever or bumped head) we will call you (or your emergency contacts, if you're not available) and let you know what happened, and what your child's condition appears to be. We will make your child comfortable and monitor his/her condition. If the condition worsens or your child does not appear comfortable at the preschool, we will call you again and ask that you pick up your child.
- If your child has sustained a severe injury (example: broken leg) we will perform immediate CPR or First Aid to try to stabilize your child's condition. We will also call 911 to get immediate help for your child and will transport your child by ambulance or other method necessary to secure the best possible care for your child. Once we make sure that your child is receiving the necessary care he/she needs, we will contact you (or your emergency contacts, if you're not available) and let you know of your child's condition and location.

I hereby give permission to _____ to provide or secure the necessary medical care for my child, including arranging the transportation for my child to the nearest hospital, medical, or dental facility for treatment as deemed necessary by the provider. I also accept full liability for all treatment and transportation expenses.

Parent/Guardian: _____

Date: _____