



...a well balanced beginning

Registration

Child's name _____ Girl / Boy Age _____ Birthdate _____

Preschool Sessions Requested (Please circle days)

AM 9:00-11:30am M/T/W/Th/F

PM 12:00-2:30pm M/T/W/Th/F

____Add ½ hour lunch

Extended Play 2:30-5:00pm M/T/W/Th/F

Child's Information

Parent's Name _____ Cell Phone _____
Home Phone _____ Work Phone _____
E-mail _____
Address (include city & zip) _____

Parent's Name _____ Cell Phone _____
Home Phone _____ Work Phone _____
E-mail _____
Address (include city & zip) _____

Other caregiver's name and phone number *(person who would be bringing child to or from school on a regular basis)* _____

Emergency contact *(when unable to contact parents, this person is authorized to release child from school)*
Name _____ Phone _____ Relationship _____

Doctor/Practitioner _____ Phone _____

Allergies or food Restrictions _____

Vision, hearing, speech, or learning concerns _____

Is your child current on all immunizations? Yes/No

If your child is not immunized, please tell us why _____

Consent for Medical Care and Treatment:

I, _____, the parent or guardian having legal custody of the child named above, authorize all medical, diagnostic, surgical, and hospital care or procedures, as well as emergency transportation, which may be performed or prescribed for my child by a licensed physician or hospital or emergency medical personnel, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

Parent's Signature

Date

Personal Release Statement:

I, _____, the parent or guardian having legal custody of the child named above, acknowledge that attending *Vaulting Frogs Preschool* involves the risk of injury to the child enrolled, their parents, guardians, and other persons, whether caused by himself or herself or someone else. Participation can include foreseeable and unforeseeable risks and other hazardous activities inherent in the program.

By signing below, I understand and voluntarily accept this risk and agree to release, waive, covenant not to sue, indemnify and hold harmless *Vaulting Frogs Preschool*, its owners, officers, employees, parent teachers, volunteers, agents, and independent contractors from liability, loss, cost or expenses including without limitation, attorney's fees, medical and ambulance costs that this child may incur while participating in Preschool Program activities.

Parent/Guardian Signature

Date

Photo Release

I agree to allow *Vaulting Frogs Preschool* to use my child's photo for marketing purposes. _____
Initials

Early Withdrawal

I understand there will be a \$150.00 fee for early withdrawal.

Initials

Please mail this registration form and a check for \$100.00, payable to Vaulting Frogs Preschool.

This is a non-refundable registration fee.

Please mail to:

**Vaulting Frogs Preschool
17802 134th Ave. NE, Suite 9
Woodinville, WA
98072**