

Bumble

✉ BumbleAstoria@gmail.com

f Bumble Art Studio

📷 BumbleArtStudio

☎ (503) 680-8784

Bumble Preschool and Art Academy

Child Information

Program Start Date: _____

First Name: _____ MI: _____ Last Name: _____

Preferred Name: _____

Date of Birth: _____

Gender: [] Male [] Female [] NA

Child's Full Address:

Primary language at home: _____

Other forms of communication at home: _____

Date of last medical visit: _____

Date of last dental visit: _____

Parent/Guardian Information 1

First Name: _____ Last Name: _____

Full Address: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Driver's License #/State: _____

Employer: _____ Working Hours: _____

Employer Address: _____

Parent/Guardian Information 2

First Name: _____ Last Name _____

Full Address: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

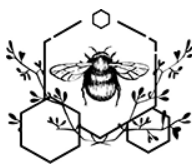
Driver's License #/State: _____

Employer: _____ Working Hours: _____

Employer Address: _____

Is there a No-Contact order in effect for your child? YES NO

Our administration must have a current copy of the order to enforce it.



Emergency Contacts & Authorized Pick-up information

Please list individuals who may be contacted in case of an emergency if the parents/guardians cannot be reached. Please also indicate if they are authorized to sign your child out from the program. We will always check Photo ID if we do not know the person picking up any child from the program. Please prepare anyone authorized to sign out your child from our program that they should have their Photo ID ready at the time of pick-up.

Full Name: _____

Relationship to Child: _____

Phone: _____

This Person is authorized to pick up my child. Please initial: _____

Full Name: _____

Relationship to Child: _____

Phone: _____

This Person is authorized to pick up my child. Please initial: _____

Is your child receiving assistance or services from Early Intervention/Early Childhood Special Education?

YES or NO

If YES, what services? _____

EI/ECSD Contact Name & Number: _____

Does your child have any conditions, medical or otherwise, we should be aware of? Please explain:

Does your child have any activity restrictions?

Please list all prescribed and OTC medications taken and why:

Please list all allergies, reactions and treatment. Any accommodation requests must be accompanied with a doctor's note.

Any prescription medication or treatment to be administered at school must be accompanied with a doctor's note.

Schedule/Routines

Please let us know your child's typical daily schedule, routines, etc so that we can best accommodate them while they're here. Please include current meal times, rest times, activity likes/dislikes, particular toys they are fond of, and anything else that can help us get to know your child better.

***Bumble* Policies and Waivers**

Please read and initial the following consents and sign the program waiver below.

I hereby give consent for Bumble Preschool and Art Academy to use pictures taken of my child during activities for **publication purposes**. _____

I hereby give consent for Bumble Preschool and Art Academy to use pictures taken of my child during activities for **internal purposes**, such as family newsletters and classroom decoration. _____

By initialing, you acknowledge that, as professionals working with children, safety is our utmost priority and if we observe children in a negligent or dangerous situation, have suspicion of abuse or neglect, or if a child discloses information to indicate they are experiencing those conditions, it is our responsibility to report to the appropriate authorities the following information: _____

- Child Abuse and/or Neglect/Sexual Abuse
- Insufficient/unsafe transportation
- Transporting your child under the influence of alcohol or other substances
- Extreme/Violent Behavior
- Leaving a child unattended in a vehicle

I hereby give consent for the staff at **Bumble Preschool and Art Academy** to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when they will be engaging in outdoor activities. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs (please refer to the handbook for additional information).

Please mark one of the following options:

- The staff of Bumble Preschool and Art Academy may apply sunscreen of their choosing, of at least SPF 15.
- Parent provided SPF sunscreen.

By initialing you agree that you will provide SPF sunscreen. If not provided, please be aware Bumble Preschool and Art Academy staff will apply program provided sunscreen for your child's protection, unless otherwise requested: _____

- For medical, or other reasons, please do not apply sunscreen to my child's body.

CHILD'S MEDICAL INSURANCE COVERAGE

INSURANCE COMPANY'S NAME _____

MEMBER/POLICY NUMBER _____

POLICY HOLDERS' NAME _____

EMPLOYER'S NAME _____

MEDICAL RELEASE

I hereby give permission that my child(ren) _____ may be given emergency treatment by a qualified childcare provider at Bumble Preschool 1555 W Marine Drive, Astoria, OR 97103. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures for my child(ren) by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child(ren) to be transported by ambulance or aid care attendant to an emergency center for treatment.

PARENT/GUARDIAN'S SIGNATURE DATE

PARENT/GUARDIAN'S SIGNATURE DATE

In consideration of the acceptance of my application for my child's entry into a Bumble Program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against Bumble Art Studio LLC as result of my child's participation in the program. This release is intended to discharge Bumble Art Studio LLC their agents and employees, and any other involvement municipalities or public entities from and against any liability arising out of or connected in any way with my child's participation in the program, even though that liability may arise out of negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the program; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless Bumble Art Studio LLC and all of the persons or entities mentioned above who might otherwise be liable to me for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.



Signature of Parent/Legal Guardian Date



Signature of Parent/Legal Guardian Date

Tuition / Payment Information:
Tuition for Standard Preschool (9:00-12:00)

- 2 days/week - \$265 a month
- 3 days/week - \$350 a month
- 4 days/week - \$450 a month
- 5 days/week - \$550 a month

Tuition for Full Daycare 3-5 years (7:45-5:15)

- 2 days/week - \$680 a month
- 3 days/week - \$850 a month
- 4 days/week - \$1020 a month
- 5 days/week - \$1190 a month

Tuition for Full Daycare 18mos-3 years (7:45-5:15)

- 2 days/week - \$780 a month
- 3 days/week - \$960 a month
- 4 days/week - \$1130 a month
- 5 days/week - \$1300 a month

Tuition for Full Daycare 3 mos to 18 mos (7:45-5:15)

- 2 days/week - \$1000 a month
- 3 days/week - \$1200 a month
- 4 days/week - \$1400 a month
- 5 days/week - \$1600 a month

Tuition is due the 15th of the month prior to service. Please initial here. _____

Please outline below the party responsible for payment of tuition and fees. Please fill out if parents split tuition payment or if tuition payment is the responsibility of an adult other than the parent(s) listed above.

Additional Comments & Information:

Is there any additional information that would be helpful to our administration regarding your registration and/or tuition?

Responsible Party Signature: Date:

For Office Use Only

- Policy Initials & Waiver
- Parent handbook
- Schedule
 - ACH Y or N (circle)
- Add to DB & Contact List
- Copies made

HH# _____