

Seeds of Knowledge Preschool Summer 2026

Registration Form

Student Name: _____

Age: _____ Birthday _____

Address: _____

Home Phone: _____

Parent's Name: _____

Work Phone: _____

Cell: _____

Email: _____

Emergency Contact:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Name of Physician: _____

Phone: _____

Medical Insurance Carrier: _____

Medical of Group Number: _____

Please list any special needs, allergies, or medications:

Anything else we should know?: _____

Payment Method*:

Session Dates

June 22 - August 14

All day program:

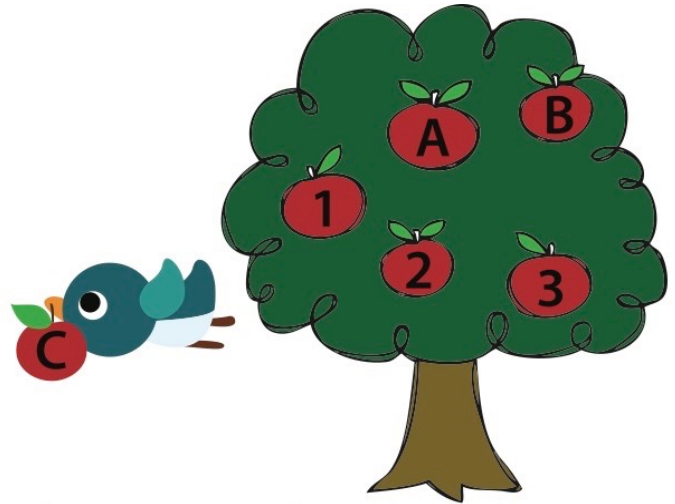
Mon Tues Wed Thu Fri

Morning extended care (7:00 AM →):

Mon Tues Wed Thu Fri

Aftercare extended care (5:00 PM →):

Mon Tues Wed Thu Fri



Check# _____

Cash _____

*Please note:

There is no refund for cancellations.

CONSENT AND ASSUMPTION OF RISK STATEMENT

I/We understand that there are inherent risks involved for the aforementioned student in participating in the program of Seeds of Knowledge Preschool, including:

- A. Dangers of injury, drowning, partial or total disability, or death as a result of participation in academic, sports, and extracurricular activities.
- B. The social and economic losses and /or damages which could result from such risks or dangers could be severe.
- C. These risks and dangers may be caused by the negligence of the student or others.
- D. There may be other risks unknown to us or not reasonable foreseeable at this time.

I/We accept and assume such risks and responsibility for the losses and /or damages following such injury, disability, paralysis, or death, however caused or alleged to be caused in whole or in part by Seeds of Knowledge Preschool, the staff, or other employees of, or volunteers to Seeds of Knowledge Preschool; other students or parents of other students; by the owners, lessors or lessees of the properties in or on which the injury, disability, paralysis, or death may have occurred; by any other sponsors of the activities of Seeds of Knowledge Preschool; by the Officers and Board of Directors of Seeds of Knowledge Preschool; or by any other party connected with the affairs of Seeds of Knowledge Preschool. By accepting such risks and responsibilities, I/We release all the other above-mentioned parties from claims for liability for injuries, disability, paralysis, or death of a student in connection with his/her enrollment or participation in Seeds of Knowledge Preschool.

I/We accept this statement and hereby consent for the aforementioned student to take part in any and all academic, sports, and other activities:

I/We have read the above consent and waiver and sign it voluntarily:

_____ Parent/Guardian Signature	_____ Relationship	_____ Date
_____ Parent/Guardian Signature	_____ Relationship	_____ Date

Witness Signature

Witness Printed Name

Date

I hereby give permission for my child to receive medical treatment in case of emergency.

Parent/Guardian Signature

**Please return completed registration and signed waiver with payment to
Seeds of Knowledge Preschool**