



...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

### **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 \$75.00, payable to Vaulting Frogs Preschool.**

This is a non-refundable registration fee.

**Please mail to:**

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