



Registration Form, School Year _____

Child's Full Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Doctor: _____ Dentist: _____

Allergies/Food Exclusions: _____

(1) Parent/Guardian Name & Pronouns: _____

Address: _____ Email: _____

Cell Phone: _____ Home Phone: _____

(2) Parent/Guardian Name & Pronouns: _____

Address: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Emergency Pickup Name & Phone Number: _____

Authorized Pick-Up and Phone Number: _____

My child will attend (circle all that apply):

| | Programs | Price | Total Monthly Tuition |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------|------------------------------|
| Toddlers (24 - 36 months) | School Day Program (8:30 AM - 3:30 PM) | \$1100 | \$1100 |
| | Aftercare (1 hr) Circle ONE: 7:30 - 8:30 AM OR 3:30 - 4:30 PM | \$160 | \$1260 |
| | Aftercare (2 hr) Circle ONE: 7:30 - 8:30 AM/3:30 - 4:30 PM OR 3:30 - 5:30 PM | \$320 | \$1420 |
| Preschool & K+ (3 yrs and up) | School Day Program (8:30 AM - 3:30 PM) | \$995 | \$995 |
| | Aftercare (1 hr) Circle ONE: 7:30 - 8:30 AM OR 3:30 - 4:30 PM | \$140 | \$1135 |
| | Aftercare (2 hr) Circle ONE: 7:30 - 8:30 AM/3:30 - 4:30 PM OR 3:30 - 5:30 PM | \$280 | \$1275 |

My monthly tuition is: _____

Please initial below:

_____ I have read the Parent Handbook and agree to abide by its policies and procedures.

_____ I agree to pay the monthly tuition, registration and supply fees, and any late fees as state in the Parent Handbook.

Parent's Signature _____ Date _____

Emergency Medical Release

It is the general policy of the school to call an ambulance should a child be seriously injured and in need of emergency treatment. The Gritman Medical Center is the hospital we use. This general policy is followed only if, in the sole opinion of the individual left in charge, delay in securing treatment would not be in the best interest of the child. Otherwise parents will be notified and asked to take the child to their family physician for medical treatment.

- We would like the above policy to be followed in the event that emergency treatment was felt necessary by the individual in charge.
- We do **NOT** want the above policy to be followed in the event of a medical emergency. We would rather have the following procedure followed: _____

Parent's Signature _____ Date _____

Field Trips Release

- I give permission for my child to go on field trips.
- I do **NOT** give permission for my child to go on field trips:

Parent's Signature _____ Date _____

Photo/Video Release

- I give permission for photos and videos of my child to be used in promotional material, including websites, media, and print materials.
- I do **NOT** give permission for photos and videos of my child to be used in promotional material, including websites, media, and print materials.

Parent's Signature _____ Date _____