

FEE _____

CK # _____

BLUE _____

FORM



• Early Arts Center •

Fall 2010 Registration Fee \$150

PLEASE PRINT

Child's Name _____ Preferred Name _____

Child's Birthday _____ Age _____ Gender: M / F

Parent's Names _____

Address _____

Home Phone _____ City _____ Zip _____

Email _____

Class Days Preferred (Please Circle):
2 year olds: M/W or T/TH
3 year olds: M/W/F or T/TH/F (CLASSES FULL)
4K: MON-FRI (CLASSES FULL)

IMPORTANT CONTACT NUMBERS

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Child's Physician _____ Phone Number _____

EMERGENCY CONTACTS

Persons to contact if parents cannot be reached in event of illness or injury:

1. Name _____ Relation _____ Phone _____

2. Name _____ Relation _____ Phone _____

3. Name _____ Relation _____ Phone _____

Authorization to Release Child

Early Arts Preschool personnel are authorized by my signature below to release my child,
_____ to the following persons:

Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____

Parent's Signature _____ Date _____

MEDICAL \ ALLERGIC CONDITIONS

Child's Medical \ Allergic Condition: _____

Child's Physical Reaction \ Response: _____

Treatment for Condition: _____

Medical Authorization

Early Arts Preschool personnel are authorized by my signature below to seek medical assistance\ treatment if I am unable to be contacted in case of an emergency involving my child, _____ including transporting my child to Children's Hospital either by ambulance\ emergency vehicle or personal vehicle.

Parent's Signature _____ Date _____

FIELD TRIP PERMISSION

Early Arts Preschool has my permission to transport my child _____ by private automobile in connection with field trips and extracurricular activities in connection with Early Arts Preschool programs.

Parent's Signature _____ Date _____

**2 year olds have (1) field trip in late Spring. 3K and 4K classes have several field trips throughout the year.*
