


The Little Farm Preschool Registration 2016/2017			
Child's name First		Last	
		Nickname used:	
Birthdate	Age on Oct. 1 st 2016	Student lives with Mother Father Both Other _____	
Child's parent/guardian name:	PHONE: Text messages okay? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address:	
Street address City Zip code			
Child's parent/guardian name:	PHONE: Text messages okay? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address:	
Street address (Same <input type="checkbox"/>) City Zip code			

Other than you, who else has permission to pick up your child?		
Name/ Relationship	Address	Phone Number
Name/ Relationship	Address	Phone Number

In case of an emergency, I give permission for any of the following individual to be contacted and my child may be released to them. Parent/Guardian signature: _____

Name: Relationship:	Address	Phone #
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Tuition is calculated for the academic school year September – June and is divided into 10 equal monthly payments.			
	MORNING SESSION 9:00 – 11:30	AFTERNOON SESSION 1:00 – 3:00	SCHEDULE REQUESTS CHECK BELOW
TWO DAYS TUE/THUR	\$200	X	FULL
TWO DAYS MON/WED	\$200	X	
TWO DAYS WED/FRI	\$200	X	
THREE DAYS MON/WED/FRI	\$300	\$280	CIRCLE AM OR PM

A \$100 nonrefundable Registration Fee is due with your application
Mailing Address: 26427 SE 196th Street, Maple Valley WA 98038 **PAGE 1 of 2**

CHILD'S HEALTH INFORMATION
Please attach any additional information you would like to include.

Is your child potty trained? Yes No Do they need to be reminded to use the bathroom? Yes No
 Does your child have any special needs or health problems? Yes No Not Sure

If yes, or not sure, please explain: _____

Has your child been tested or evaluated before? Yes No If yes, please explain: _____

Does your child have any allergies, including drug reactions? Yes No If yes, please explain: _____

Is your child on any medications? Yes No If yes, please specify: _____

Will your child need any medication during preschool, including an epi-pen or an inhaler? Yes No

If yes, please explain: _____

_____ Other important health information? Yes No

If yes, please specify: _____

Consent to Medical Care and Treatment

I give permission that my child, _____, may be given first aid/emergency treatment at The Little Farm Preschool LLC

Parent/guardian signature	Date	Parent/guardian signature	Date
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When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I give my permission for my child to be transported to an emergency center for treatment. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

Parent/guardian signature	Date	Parent/guardian signature	Date
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Preschool Tuition Agreement

- **Tuition is based on a 10 month commitment and is divided into 10 equal monthly payments from September – June and guarantees a reservation for your child.**
- **Full monthly tuition payments must be paid in advance on or before the first day of class each month or there will be a \$25.00 late payment fee.**
- **All fees and payments are non-refundable.**
- **Tuition payments remain the same each month, even if your child has to miss due to illness, a family vacation, school holidays and breaks, and school closures due to emergency or inclement weather.**
- **For early withdrawal from the program we require one month's advance notice in writing.**
- **We follow the Tahoma School District Calendar. All holidays and school vacations are listed on our website.**

Parent/Guardian Signature _____ **Date** _____

I hereby grant permission for my child to use all of the equipment and participate in all of the preschool activities at The Little Farm Preschool

Parent/Guardian Signature _____ **Date** _____