

The Little Farm Preschool Registration

Child's name First		Last		Nickname used:	
Birthdate		Age on Oct. 1 st of upcoming school year		Student lives with Mother Father Both Other _____	
Child's parent/guardian name:		PHONE:		Email Address:	
Mailing Address:					
Child's parent/guardian name:		PHONE:		Email Address:	
Mailing Address: Same <input type="checkbox"/>					

Other than you, who else has permission to pick up your child?

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 #

**TUITION IS CALCULATED ON THE ACADEMIC SCHOOL YEAR
September – JUNE AND IS DIVIDED INTO 10 EQUAL MONTHLY PAYMENTS**

MAILING ADDRESS: PO BOX 305 HOBART, WA. 98025

PRESCHOOL CLASS 3 – 4 YEAR OLDS Monday - Wednesday 9:00 AM – 11:30 AM	PRE-K CLASS 4 – 5 YEAR OLDS Monday - Wednesday 12:15 PM - 3:15 PM	To register your child, you will need to pay a \$250 registration fee and first tuition payment. Please note that both of these are nonrefundable
\$395 September - June	\$425 September – June	The following tuition payments are due the first of the month, Sept - May

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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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. In addition, I give permission for my child to visit the barnyard and animals.

Parent/Guardian Signature _____ **Date** _____

I hereby grant permission for my child to be included in pictures and videos posted on The Little Farm Preschool website, Facebook page and Brightwheel

Parent/Guardian Signature _____ **Date** _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing application is true and correct:

Parent/guardian signature	Date	Parent/guardian signature	Date
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