

Adventures In Learning Preschool, LLC



REGISTRATION FORM

| | |
|--|-----------------|
| | Enrollment Date |
|--|-----------------|

CHILD'S INFORMATION

| | | | |
|-----------|------------|-------------|-------------------|
| Last Name | First Name | Middle Name | Child's Birthdate |
|-----------|------------|-------------|-------------------|

Address

| | | |
|--------|------|----------|
| Street | City | Zip Code |
|--------|------|----------|

PARENT/GUARDIAN INFORMATION

| | | | |
|-----------|------------|---------------|--|
| Last Name | First Name | Email address | |
|-----------|------------|---------------|--|

| | | | |
|------------|------------|------------|---|
| Home Phone | Work Phone | Cell Phone | Do you receive Text Messages? Yes / No |
|------------|------------|------------|---|

Address (if different from child's)

| | | |
|--------|------|----------|
| Street | City | Zip Code |
|--------|------|----------|

Employer

| | |
|------|---------|
| Name | Address |
|------|---------|

PARENT/GUARDIAN INFORMATION

| | | | |
|-----------|------------|---------------|--|
| Last Name | First Name | Email address | |
|-----------|------------|---------------|--|

| | | | |
|------------|------------|------------|---|
| Home Phone | Work Phone | Cell Phone | Do you receive Text Messages? Yes / No |
|------------|------------|------------|---|

Address (if different from child's)

| | | |
|--------|------|----------|
| Street | City | Zip Code |
|--------|------|----------|

Employer

| | |
|------|---------|
| Name | Address |
|------|---------|

OTHER PEOPLE TO NOTIFY OR CAN PICK CHILD UP

| | | |
|-----------|------------|--------------|
| Last Name | First Name | Relationship |
|-----------|------------|--------------|

| | | |
|------------|------------|------------|
| Home Phone | Cell Phone | Work Phone |
|------------|------------|------------|

| | | |
|-----------|------------|--------------|
| Last Name | First Name | Relationship |
|-----------|------------|--------------|

| | | |
|------------|------------|------------|
| Home Phone | Cell Phone | Work Phone |
|------------|------------|------------|

| | | |
|-----------|------------|--------------|
| Last Name | First Name | Relationship |
|-----------|------------|--------------|

| | | |
|------------|------------|------------|
| Home Phone | Cell Phone | Work Phone |
|------------|------------|------------|

CHILD'S HEALTH INFORMATION

Child's Doctor

| | | |
|----------------------------|---------------|--------------|
| Date of last physical exam | Doctor's Name | Phone number |
|----------------------------|---------------|--------------|

| | |
|----------------------------------|--------------------------------------|
| Child's special health problems: | Allergies, including drug reactions: |
|----------------------------------|--------------------------------------|

| |
|-----------------------------|
| Child's regular medication: |
|-----------------------------|

| |
|--------------------|
| Other information: |
|--------------------|

Child's Dentist

| | | |
|--------------------------|----------------|--------------|
| Date of last dental exam | Dentist's Name | Phone number |
|--------------------------|----------------|--------------|

CHILD'S MEDICAL INSURANCE COVERAGE

| | |
|---------------------------|-----------------------|
| Insurance Company's Name: | Member/Policy Number: |
|---------------------------|-----------------------|

| |
|----------------------|
| Policy Holder's Name |
|----------------------|

| | |
|---------------------------|-----------------------|
| Insurance Company's Name: | Member/Policy Number: |
|---------------------------|-----------------------|

| |
|----------------------|
| Policy Holder's Name |
|----------------------|

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I hereby give permission that my child _____ may be given emergency treatment by a qualified provider at **ADVENTURES IN LEARNING PRESCHOOL, LLC.**

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 also give my permission for my child to be transported by ambulance or aid car 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's Signature: | Date: |
|------------------------------|-------|

| | |
|------------------------------|-------|
| Parent/Guardian's Signature: | Date: |
|------------------------------|-------|