

Child's name : _____

Birthday: _____

2018- 2019 Classes

Rainbow

Children must be age 3 by August 31st and completely toilet trained

20 students: 2 co-teachers

M, Wed, Th AM class 8:30-11:15

1/10 teacher ratio

\$190/month

Bumble Bees:

Children must be 4 by August 31st

22 students: 2 co-teachers

M, T, W, Th AM Class 8:30-11:15

1/11 ratio

\$220/month

Butterflies:

Children must be 4 by August 31st

22 student: 2 co-teachers

M, T, Th PM Class 12:00-2:45

1/11 ratio

\$190/month

Pre-Kindergarten:

Children must be 5 by Dec. 1 or Director's approval

24 students: 2 co-teachers

M, T, W, Th AM Class 8:30-11:15

1/12 ratio

\$220/month

* Pre-kindergarten is an academically focused class

For Office Use Only:
Registration Fee:
Check/Receipt#:
Received By:
Date:

I wish to enroll my child in the following class: _____

Parent Information:

Parent (1): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Parent (2): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Permission to Release

In addition to yourself, who is authorized to remove your child from the premises?

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

- To apply, please return this registration form with immunization records with a **\$75.00 non-refundable** registration fee per child by March 29th.
- April 1st a \$100 non-refundable registration fee per child.

Dear Parent's,

We would greatly appreciate you taking the time to fill out the information below to help us know your child a little better. All information on this sheet will be confidential. We look forward to having a great year with your child.

Others living in the home:

What are your child's favorite playthings?

What can you tell us about your child's personality?

Recent changes in your child's life (move, surgery, death in family, new baby)

What goals do you have for your child this year?

Does your child have any fears?

PHOTO RELEASE

I, _____ the parent/legal guardian of _____, give my consent for Mini School to:

I, _____ the parent/legal guardian of _____, DO NOT give my consent for Mini School to:

*take photographs of my child throughout the current school year. I understand that the pictures may be used in the classroom, on the website or on Facebook.

Signature: _____ Date: _____

MEDICAL RELEASE EMERGENCY INFORMATION

I, (we) the undersigned, parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to medical treatment deemed necessary in the event of an emergency, accident or sudden illness.

I, (we) are aware that Mini School, will make every effort to provide medical treatment at the closest facility available. Mini School will make every effort to contact and work with the Doctors and Hospital of preference listed.

Doctor Preferred _____ Phone _____

Hospital Preferred _____ Phone _____

Medical Insurance _____ Policy# _____

Allergies: _____

Medical Conditions: _____

I, (we) do not hold the above named, Mini School, liable for any action necessary in the emergency care of my (our) child.

Signature _____ Date _____

Relationship to child _____