



# Welcome School Preschool

## REGISTRATION 2012-2013

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Parent or Guardian's Information:

FATHER (or Guardian)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

MOTHER (or Guardian)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

### Emergency Contacts: We must have at least 3 on file. Thanks!

Name: \_\_\_\_\_ phone number: \_\_\_\_\_ relationship to child: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Siblings:

\_\_\_\_\_  
\_\_\_\_\_

### Medical Information: Please include a copy of your child's current immunization record

Any health related issues we should be aware of:

\_\_\_\_\_

Medications or allergies if any:

\_\_\_\_\_

Any activities the child should NOT engage in:

\_\_\_\_\_

Company providing health and/or accident insurance coverage:

\_\_\_\_\_

**Tuition Agreement 2012-2013:**

I agree to pay the following tuition amounts and fees to Welcome School in accordance with center policies as listed in the Parent Handbook. Payments are due the first of the month. A late fee will be charged for tuition that is paid after the fifth of the month. I also agree to pay any additional late fees incurred to Welcome School in accordance with the policies stated in the Parent Handbook. If my account goes unpaid, Welcome School reserves the right to terminate enrollment and seek any external methods of collection necessary.

**Registration Fee (per child):** \$65

**Tuition (per child):**

2 day	\$120/month
3 day	\$140/month
5 day	\$220/month

**Student Name/s:** \_\_\_\_\_  
\_\_\_\_\_

**Total paid upon registration :** \$ \_\_\_\_\_ + \$ 65.00 cash/check

**Total due each month:** \$ \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent Permission Forms:**

**Student name/s**

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**Emergency Medical Treatment**

I give Welcome School permission to seek any necessary medical treatment for my child(ren). Welcome School will make every possible attempt to reach me in the case of an emergency, but in the event that I cannot be reached, one of the emergency contacts will be notified.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission to Photograph**

I give Welcome School permission to photograph/record and post my child(ren)'s images. I understand that my child(ren)'s images may be used in public advertisement for Welcome School, although their identities will remain confidential.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_