Class: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |

|  |
| --- |
|  Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Welcome School Registration | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Shots: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/F Birthdate: \_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| **FATHER** (or Guardian) | **MOTHER** (or Guardian) |
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Phone: | Phone: |
| Email: | Email: |
| Employer: | Employer: |
| Employer Address: | Employer Address: |
| Work Phone: | Work Phone: |

**Emergency Contacts (other than parents): We must have 3 on file. Thanks!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Phone #:** | **Relationship to child**  | **Pick up Y/N** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

Siblings

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

**Medical Information:**

 Please make sure a copy of your child’s current immunization record is attached.

Any **health related issues** we should be aware of:

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

Any **medications** needed for your child:

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

If so, please get a form from the director and fill out special medication instructions.

**Any Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, please attach a sheet instructing WS staff on what procedures to take if your child comes in contact with...

Any activities the child should NOT engage in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your child’s Doctor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Doctor’s facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor/Facility Phone number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to call Doctor in case of emergency:

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 use my child(ren’s) images only for class projects and the class “Band” app. Photos will not be shared on the internet.

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

**Tuition Agreement**

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 seventh 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 methods of collection necessary.

**Registration Fee (per child):** $75 (non-refundable)

**Tuition (per child):** 2 day $160/month\*\* $1,368.00 after discount

 3 day $190/month\*\* $1,625.00 after discount

 5 day $290/month\*\* $2,480.00 after discount

 \*\*5% discount if paid in full by September

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

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

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_