

HAMBLÉN PARK PRESCHOOL REGISTRATION FORM

CHILD'S INFORMATION

Name:		Preferred name:	
Date of birth:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Current street address:			
City:	State/ZIP:	Home:	
Special interests:			
Fears or issues:			
Siblings/Age:			
Childcare provider:		Phone:	
Medical history: conditions, diseases, allergies, medications, physical restrictions etc. that we should be informed of:			

MOTHER'S INFORMATION

Name:			
Occupation:		Work phone:	
Cell:	E-mail:	Live with: <input type="checkbox"/> Yes <input type="checkbox"/> No	

FATHER'S INFORMATION

Name:			
Occupation:		Work phone:	
Cell:	E-mail:	Live with: <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACT

IN THE CASE OF EMERGENCY, I GIVE MY CONSENT FOR EMERGENCY TREATMENT BY THE ABOVE NAMED PHYSICIAN, AND / OR HOSPITAL EMERGENCY ROOM FOR MY CHILD.

I agree that, as a parent or guardian, any expenses incurred during medical treatment are my sole responsibility. To my knowledge, all of the above information is current and correct.

Parent/Guardian:		Date:	
Doctor's name:		Phone:	
Hospital preference:			

RELATIVE OR NEIGHBOR TO CONTACT IN CASE OF EMERGENCY

Name:		Phone:	
Address:			
Name:		Phone:	
Address:			

ENROLLMENT PREFERENCE

I would like to enroll my child in the following 8:45AM – 11:15AM preschool class:

<input type="checkbox"/> 3 year old Tue-Wed	<input type="checkbox"/> 4/5 year old Tue-Wed-Thu
<input type="checkbox"/> 3 year old Thu-Fri	<input type="checkbox"/> 4/5 year old Tue-Wed-Thu-Fri

There are no guarantees, as placement is based upon availability, timelines of registration and class balance. We reserve the right to place your child in available opening.

SIGNATURE

Parent/Guardian:	Date:
-------------------------	--------------

HAMBLEN PARK PRESCHOOL REGISTRATION FORM

POLICY REGARDING TRANSPORTING PRESCHOOL YOUTH TO AND FROM PRESCHOOL RELATED ACTIVITIES:

1. No operator of vehicles shall be under 21 years of age.
2. All activities shall originate and terminate at the preschool.
3. Any vehicle should be mechanically sound.
4. All adults must wear seat belts, according to Washington State law.
5. Child protective car seats are required for each child per preschool policy and Washington State law.
6. Drivers should observe all traffic codes.
7. Recommendations to parent/operator of vehicles –
 - a. Adequate liability insurance coverage. Recommended coverage at least \$100,000/\$300,000.
 - b. Operators should have adequate P.I.P. coverage. Recommended at least \$25,000.
 - c. Operators should have adequate uninsured motorist coverage. Recommended coverage at least \$100,000/\$300,000.

Having read the above policy regarding Preschool Transportation and recommendations, I understand the implications of this information. I give my consent for my child to participate on all school related field trips

Parent/Guardian:

Date:

PHOTO RELEASE CONSENT:

Periodically, Hamblen Park Preschool utilizes photos of adults and children in print publications such as newsletter, videos or presentations. I agree, that Hamblen Park Preschool may use my photo or my child's photo in video format, print or online publications for HPP use only. I understand that I will not receive financial compensation from HPP for the use of photos or video taken of me or my child.

☐ Yes, the preschool may photograph/video my child for the purposes listed above

☐ No, I do not want my child photographed or filmed for the above listed purposes

Child's name:

Parent/Guardian:

Date: