**School Registration**

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**CHILD’S INFORMATION:**

Full Name: Grade:\_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Name Your Child Goes by (nickname):\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Hair Color: \_\_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_ ft. \_\_ in. Weight: \_\_\_ lbs.

Does your child have any allergies? □ Yes □ No

If yes: □ Dairy □ Nuts □ Medicine: \_\_\_\_\_\_\_\_\_\_ □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that any of these foods may be within reach of my child when at school. (Initials):\_\_\_\_\_*

Will any medicines need to be administered during school? □ Yes □ No

If yes, please fill out a *Medication Authorization, Administration & Log*

Does your child have any conditions that will affect play/learning? □ Yes □ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION:**

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

City, State, Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PARENT INFORMATION:**

Mother’s Name: \_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Parents Are: Married Divorced Separated Living Together

Are there any special custody arrangements? □ Yes □ No □ N/A

If yes, please explain and provide any legal documentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**School Registration**

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**REGISTRATION AGREEMENT:**

I, , agree to register my child into *From Seeds to Sprouts PEA* for the following school year held from September 2023 – June 2024 and I agree to pay the following amount for tuition:

$575 per month August 25th – May 25th ($5,750 per year – elementary age) OR

$1,050 per month August 25th – May 25th ($10,050 per year – preschool/pre-k) OR

$750 per month August 25th – May 25th ($7,500 per year – partial day preschool/pre-k 8:30 – 12:30 5 days per week) OR

$550 per month August 25th – May 25th ($5,500 per year – partial day preschool/pre-k 8:30 – 12:30 3 days per week) OR

$350 per month August 25th – May 25th ($3,500 per year – partial day preschool/pre-k 8:30 – 12:30 2 days per week)

Tuition may be paid for by cash or check, and it must be paid by the first of every month. Tuition cannot be refunded, and I understand that if my child is not able to attend a school under any circumstance, I will not be refunded my tuition.

To hold a place for my child in this program and to provide for my child’s yearly school supplies, I agree to pay a deposit of the Enrollment Fee of $175.00 + first month’s tuition, which is also non-refundable.

Finally, I agree to abide by the rules and guidelines listed in the Policies and Procedures booklet (handbook) which has been explained and provided to me on the website.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Registration**

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Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTO/VIDEO PERMISSION:**

I understand that my child may be photographed and/or videotaped while at school, and I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use the resulting photographs and/or video clips of my child for these purposes:

* Y / N Use photographs for our records and a variety of arts & crafts projects
* Y / N Use photographs for promotional purposes on our school website and/or

 blog

* Y / N Record video clips for families of enrolled children
* Y / N Display video clips for promotional purposes on our school website

and/or blog

**CHILD RELEASE:**

List every individual (including yourself) who can pick up your child from school. If you list them as an emergency contact, you give us permission to contact them if we can’t reach you, and allow us to relay information about your child’s condition & location.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Can be listed as an emergency contact? □ Yes □ No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Can be listed as an emergency contact? □ Yes □ No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Can be listed as an emergency contact? □ Yes □ No

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_