

Nursery School Registration Form

 M/2's F/2's M/W/F am M/W/F pm T/TH

Child's name: _____ Birth date: _____

Address: _____

Email: _____

Parent's name & phone # during program hours:

Emergency contact: Name/Phone

Allergies/Medical Issues: _____

Hospital preference: _____ Insurance Company: _____

Policy # _____ Physician name & number: _____

- I/We agree to pay tuition of \$75 or \$145 month for 2's/\$145 for T/TH, or \$175 for M/W/F
- I/we agree to pay the \$35 registration fee and the \$50 material fee (reg fee waived for members)
- I agree to make payments the first of each month
- I/We agree to a minimum of a 3 month commitment to the school or we will pay the months missed
- I/We agree 30 days notice is required to be removed from the program and we will pay the following months tuition upon leaving.
- I/We understand that written notification is necessary if our child is to be picked up by another person.(ID must be presented)
- I/We will notify the Nursery School of any changes in emergency numbers.

Parent's Signatures

Ensuring the safety of your child(ren) while at Tumbling Tykes is of utmost importance. By entering into this agreement to enroll your child(ren) in our program, you agree not to hold Tumbling Tykes or any of its staff responsible for any injuries that may occur to your child(ren) during this program.

Parent's Signature _____ Date: _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I authorize my child to be photograph and pictures to be used for promotions and class projects yes no