



## PRESCHOOL PROGRAM

2017 – 2018 School Year Registration Form

### Child's Information

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Child's Name (first & last name)

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Gender (M or F)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
How did you hear about us?

### Family Information

\_\_\_\_\_  
Primary/Guardian (first & last name)

\_\_\_\_\_  
Secondary/Guardian (first & last name)

\_\_\_\_\_  
Address (street # & name)

\_\_\_\_\_  
Address (if different from primary)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip (if different from primary)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Place of Work

\_\_\_\_\_  
Place of Work

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

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

### Emergency Contact Information

Please list at least one other person to be contacted in case of an emergency other than the child's parents/guardians.

_____	_____
First and Last Name	Relationship to Child
_____	_____
Address (street # & name)	City, State, Zip
_____	_____
Cell Phone	Place of Work
	_____
	Work Phone

### Pick Up List

Please list any other people that are allowed to pick up your child from Blooming Einsteins. Identification and prior notification are required.

_____	_____
First and Last Name	Relationship to Child
_____	_____
First and Last Name	Relationship to Child

### Health & Medical Information

_____	_____
Physician's Name	Physician's Phone Number

\_\_\_\_\_

Please list all known allergies

\_\_\_\_\_

Please list all known medical conditions

Please detail below any additional information that staff needs to be aware of for the well-being of your child.

\_\_\_\_\_

\_\_\_\_\_

## Agreement of Participation

I verify that my child is in good mental and physical health, and may participate in the Blooming Einsteins Preschool Program. I also verify that my child's immunization shots are up-to-date. I give permission to authorize emergency care to my child in the event that neither the first or second guardians can be contacted. I prefer my child be transported to \_\_\_\_\_ Hospital, in the case of an emergency.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Insurance Coverage

Insurance coverage is a requirement to participate in any Blooming Einsteins Program. I, the undersigned, Parent or Legal Guardian of the registered participant, certify that the named participant is covered by an insurance program with \_\_\_\_\_ Company, which will compensate for injuries incurred while participating in Blooming Einsteins Preschool activities.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Permissions

Blooming Einsteins provides as many fun and enriching activities as possible. This may include field trips to various destinations around the Fort Mill, SC – Charlotte, NC areas. Blooming Einsteins will arrange all transportation to and from each field trip and prior notice will go out to all parents. Please initial each item below:

\_\_\_\_\_ I hereby give my child permission to participate in all activities of the program, including field trips.

\_\_\_\_\_ I give my child permission to leave the program site for trips in a school activity bus or other transportation to off-site locations and enrichment programs.

\_\_\_\_\_ I give my child permission to walk to points of interest in close proximity to the program site under Blooming Einsteins supervision.

\_\_\_\_\_ I give permission to have my child appear in any Blooming Einsteins coverage or brochures.