

**JENNI AND TOMMY'S PRESCHOOL REGISTRATION FORM**  
(PLEASE PRINT CLEARLY)

CHILD'S NAME \_\_\_\_\_ BOY  GIRL

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_ YRS \_\_\_\_ MOS.

**ALLERGIES, MEDICAL PROBLEMS, MEDICATIONS, DIETARY RESTRICTIONS:**

1. PARENT/GUARDIAN'S NAME \_\_\_\_\_ MALE  FEMALE   
ADDRESS (if different from above) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_
2. PARENT/GUARDIAN'S NAME \_\_\_\_\_ MALE  FEMALE   
ADDRESS (if different from above) \_\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_

IN CASE OF AN EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACHED, CONTACT: (Parent/Guardian is responsible to provide current phone numbers)

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL/WORK PHONE (\_\_\_\_) \_\_\_\_\_

PERSON(S) AUTHORIZED TO PICK-UP CHILD: \_\_\_\_\_

**GLOW WORMS**  
Ages 3 years to 3 years,  
11 months  
  
Tue/Thurs  
  
8:30 A.M – 12:00 P.M.  
  
Please circle your choice

**FIREFLIES**  
Ages 4 years to 5 years  
  
Mon/Wed/Fri  
or  
Mon-Fri  
\*Only Fireflies can  
attend 5 days a week.  
  
8:30 A.M. – 12:00 P.M.  
  
Please circle your choice

**SUMMER CAMP**  
Ages 3 years to 5 years  
T/TH,  
Mon/Wed/Fri or  
Mon-Fri  
9:00 A.M. – 12:00 P.M.

**PARENTS/GUARDIANS: Please read the following and initial:**

**REG. FEE:** I understand that the 1st months **non-refundable** tuition is due to hold my spot. \_\_\_\_ (init)

**LATE PICK UP FEE:** I understand that if my child is not picked up by 12:00 P.M. a late fee of \$1 per minute for every minute I am late will be charged beginning at 12:01 P.M. payable that day. \_\_\_\_ (init)

**ABSENCES:** I understand that credits, refunds or make-ups will not be given when my child is absent from the program or for severe weather closures. \_\_\_\_ (initials)

**PAYMENT:** I understand that monthly payments are due on the 1<sup>st</sup> of every month. Checks can be post dated and will not be cashed until the 1<sup>st</sup>. If I miss the due date I understand that I will be charged an automatic \$10/day late fee. \_\_\_\_ (initials)

1. Undersigned hereby releases, waives and discharges Jenni and Tommy's, it's owners, teachers, employees and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of Jenni and Tommy's, its owners, teachers, employees and independent contractors. \_\_\_\_ (initials)

2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of Jenni and Tommy's, it's owners, teachers, employees and independent contractors or otherwise while in, upon or about the premises of Jenni and Tommy's and/or while using the premises or facilities or equipment or program thereon. \_\_\_\_ (initials)

**PHOTO CONSENT:** Undersigned Authorizes Jenni and Tommy's to use your (or child's/ward) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, blog, social media etc.) produced by Jenni and Tommy's.  Check here if you DO NOT give photographic consent.

**CONSENT TO TREAT:** I hereby give my consent for Jenni and Tommy's staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.  Check here if I DO NOT consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_