



REGISTRATION FORM

5214 University Way NE, Seattle, WA 98105

(206) 473-9580

www.seattleslitlestperformers.com

Date _____

Child's Name _____ Name Used _____

Parents' Names _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____

Birth Date _____ Age _____ Boy _____ Girl _____

Primary e-mail address _____

Additional Contact/Pick Up _____

School they currently attend _____

How did you hear about us? _____

Sessions

Please indicate which sessions you are wanting to register for by listing the name and date/s of the class/classes.

PRESCHOOL: _____

BREAK CAMPS: _____

AFTER-SCHOOL: _____

PARENTS' NIGHT OUT: _____

WINTER CLASSES: _____

SPRING CLASSES: _____

Important information that Seattle's Littlest Performers should know about your child regarding personality traits, likes/dislikes, habits, etc.

Alternative phone contacts. Please circle if eligible for pick-up.

Name _____ Relation _____ Number _____

Name _____ Relation _____ Number _____

Name _____ Relation _____ Number _____

Name _____ Relation _____ Number _____

Seattle's Littlest Performers often uses pictures for promotional purposes. We will never use the names of the students.

_____ I do give permission for my child's pictures to be used

_____ I do not give my permission for my child's pictures to be used

Seattle's Littlest Performers needs to know of all the possible people that may be picking up your child. Please leave the person's name, relation, and phone number on the lines provided. We need to know **in person** when someone other than the parents is picking up the child. We **will not** let anyone else pick up your child under any circumstances. We will ask to see picture ID from anyone different than the parents picking up the child. This is all for the safety of your child.

Seattle's Littlest Performers Emergency Medical Information

Doctor's name and office _____

Phone number _____

Allergies/ Medications

I hereby give permission for my permission to receive emergency treatment by a qualified staff member at Seattle's Littlest Performers. I also give permission for my child to be taken to the hospital by an aid car, ambulance, or staff car, if necessary.

In the event of an emergency and I cannot be contacted, I further consent to any medical, surgical, and/or hospital care, when deemed immediately necessary or advisable by a licensed physician/hospital in order to safeguard my child's health.

I understand that I am 100% financially responsible for any emergency treatment that my child receives, including paramedics/ambulance services.

Signature

Printed Name