



Student Registration Form

Date _____

Requirements

- Child must be four years old by September 1 of the year in which he/she is enrolled.
- Child must be toilet trained.
- All registrations must be submitted with the first month's tuition of \$120.

Parental Information

Father's Name _____ Cell Phone _____

Address _____

Email _____

Place of Employment _____ Type of Work _____

Mother's Name _____ Cell Phone _____

Address _____

Email _____

Place of Employment _____ Type of Work _____

Child Information

Name of child _____ Nickname (goes by) _____

DOB _____ Age _____ Male Female Lives with Father Mother Both

Names and ages of siblings _____

Does your child have previous preschool or nursery school experience? Yes No

If so, when and where? _____

Allergies/Medical

Allergies? _____

Medical Condition(s) we should be aware of? _____

Emergency Contacts & Authorized Pick-Up

Name _____ Relationship _____

Cell Phone _____ Alternate Phone _____

Authorized to Pick-Up Child? Yes No

Name _____ Relationship _____

Cell Phone _____ Alternate Phone _____

Authorized to Pick-Up Child? Yes No

Additional Persons Authorized to Pick-Up My Child

1. _____
2. _____

Persons **NOT** Authorized to Pick-Up My Child

1. _____
2. _____

Class Information

Classes will be held on Tuesdays and Thursdays every week, following the Boundary County School District calendar. Please indicate which class you are most interested in. *(afternoon session will only be available after the first session is full)*

8:30-11:30am

12:30-3:30pm

Permissions

I grant Mountain Springs Early Learning Academy the right to take photographs and/or video of me or my child. I understand and authorize that the images may be used in print, online, presentations, websites and/or social media.

I authorize the release of medical information, listed above, to all those whom it pertains.

I hereby waive all claims, which I might have against Mountain Springs Church, their agents and employees, for injury, accident or illness that may occur. I give my consent to allow hospital care when it is deemed advisable under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care required, but is given in advance to provide authority and power on the part of the afore said agents to give specific consent to any such diagnosis, treatment or hospital care which the afore said physician in the exercise of their best judgement may deem advisable.

Printed name of Parent/Guardian _____

Signature _____ Date _____

Please return the registration form with the first month's tuition (\$120 for the month of September) to the Mountain Springs Church Reception Office as soon as possible to ensure your child's spot.

Address 6789 Main Street, Bonners Ferry, ID 83805 **Phone** (208) 267-7777 **Email** ela@mtspringschurch.org

OFFICE USE ONLY

Registration Received On _____ By _____
Payment Date _____ Check # _____ Cash \$ _____