



# Student Registration Form

Date \_\_\_\_\_

## Requirements

- Child must be four years old before enrollment.
- 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.

**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 of \$120, 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

**Facebook** - Mountain Springs Early Learning Academy

**OFFICE USE ONLY**

Registration Received On \_\_\_\_\_ By \_\_\_\_\_

Payment Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_