



little farmer's playschool

Registration Form: 2010-2011

Child's Name _____ Date of Birth _____

Primary Contacts

Parent/Guardian _____ 2nd Parent/Guardian _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Email Address _____ Email Address _____

Alternative Contacts

Primary Emergency Contact _____

Home Phone _____ Work Phone _____

Secondary Emergency Contact _____

Home Phone _____ Work Phone _____

Tell Us About Your Child

PLAYSCHOOL HOURS

Monday – Friday

Morning Session: 9:00 - 11:30 am

Afternoon Session: 12:15 – 2:45 PM

Cost: \$25 per session

*Mix and match your own camp
schedule.*

*Check the session(s) you would like
your child to attend.*

Monday Tuesday

Wednesday Thursday

Friday **AM** **PM**

I have read *busy bre's* policies and information presented on the Policy and Tuition form. I understand and agree with the policies that have been created for the playschool.

Parent's/Guardian's Signature Date

busy bre's little farmer's playschool

Tuition Policy and Procedures Form

I, _____, have read and understand the [little farmer's playschool](#) Tuition Policy and Procedures as presented to us for the 2010-2011 school year and agree to pay all tuition fees that are due in a timely fashion. In the event that a payment(s) is late, I understand that a \$10 late fee will be charged and/or my child will not be able to attend the session that was reserved for him/her. If payment is not received by the last day of the preceding month, busy bre's reserves the right to unregister my child and allow another child to fill the session slot.

Payments are non-refundable. If a child is sick, we will make every effort to allow for a make-up day as long as space is available.

(Parent/Guardian Signature)

(Date)

Please check your chosen payment option.

Our family has chosen to pay our child's tuition by:

- The entire year. Payment is due by August 28, 2009. (A 10% discount will be given as a thank you for paying upfront.)
- For the month. Payment is due by the last business day of the preceding month. For example, September's payment is due by Wednesday, August 31, 2010.
- Weekly. Payment is due by the Friday of the preceding week.

- We offer a 10% family discount to families with more than one child attending. The discount applies to immediate family only. First child pays full tuition. Discount applies to any additional children.

Emergency Contact and Medical Information for a Child

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date