

# Adventist Education Simi Valley Preschool

## Registration Form

Name of child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: \_\_\_\_\_ yrs. \_\_\_\_\_ mos. Sex \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with \_\_\_\_\_ Number of siblings \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_

E-mail address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_

E-mail address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Start Date \_\_\_\_\_ Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Days \_\_\_\_\_

I understand that a \$100.00 non-refundable registration fee and an annual \$75.00 materials fee is due at the time of Registration and that my child may not attend the Center until the enrollment procedures are complete.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Statement of Consent

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the Adventist Education Simi Valley Preschool.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluation and pictures connected with the Preschool program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to:

1. An attempt to contact Parent/Guardian.
2. An attempt to contact child's physician.
3. An attempt will be made to contact Parent/Guardian through any of the persons listed on the emergency information form completed by you.
4. If we cannot contact you or your child's physician, or if the Director or Acting Director feel the situation is serious enough to warrant immediate attention, we will do any or all of the following: (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
5. The Preschool WILL NOT be responsible for anything that may happen as a result of false information given at the time of enrollment.
6. The Preschool WILL NOT assume responsibility for a child who has not been signed in when he/she arrives for the day.

I acknowledge that I have received and read the Statement of Parent's Rights, Personal Rights, and the Parent Handbook, which outlines the policies and procedures of the facility.

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Signature of Parent/Guardian

Date

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Signature of Parent/Guardian

Date

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Signature of Director (Acting Director)

Date