

Early Advantage Preschool LLC

Registration Form

Student Information

Student Name	Birth Date
Full Address	
Class registering for (circle all that apply): 3-4's class 4-5's class	

How did you hear about Early Advantage Preschool LLC?

friend
 internet search
 Early Advantage Preschool Facebook page

Family Information

Mother's name	Primary phone
Full address (if different from student)	
Occupation	Work/Alternate phone
Father's name	Primary phone
Full address (if different from student)	
Occupation	Work/Alternate phone
Preferred E-mail Contact:	

Parent/Guardian with legal custody

Parents are (circle applicable): married living together divorced separated widowed single

Other household members:	Age	Relationship
Name		
Name		
Name		
Name		

Student Pick-Up Information

Please list below the people who have ***permission*** to pick up your child from preschool.

Name	
Phone	Relationship
Name	
Phone	Relationship

Emergency Contact Information

Primary emergency contact (other than parents or guardian)

Name	
Phone	Relationship
Name	
Phone	Relationship

Additional Student Information

Food Allergies and/or Sensitivities _____

Health Problems or Other Allergies _____

Fears _____

Please share any additional information about your child you feel may helpful, including personality characteristics.

Early Advantage Preschool LLC Policy and Rate Agreement

I, _____ shall at this time enter into an agreement with Early Advantage Preschool LLC, for the care of my child _____ in the _____ class. My child will be enrolled the following days in each month:

- o Tuesdays and Thursdays

At the time of enrollment, a one-time, non-refundable registration fee of \$60 per student is due for the academic year program. This will cover supplies for your child throughout the program or school year.

At the time of enrollment, tuition for the first month is also due. Thereafter, monthly tuition is due and must be received by the first preschool day of each month. Program tuition rates are as follows:

3-4s Class and 4-5's Class – \$120 per month

Would you like to be invoiced each month via PayPal? ____yes____no

PayPal E-mail address _____

Please initial the following statements.

_____ I understand that tuition for the class as specified on this registration form is due on the first preschool day of each month.

_____ I have read, understand and agree to the sick child policy as outlined in the Early Advantage Preschool LLC Parent Handbook.

_____ I have read, understand and agree to the discipline policy as outlined in the Early Advantage Preschool LLC Parent Handbook.

_____ I read, understand and agree to have my child promptly dropped off and picked up at preschool at the designated times as signed for in this registration form and I agree to the associated late pick-up fine as outlined the Early Advantage Preschool LLC Parent Handbook.

_____ I have read and understand and agree to all other policies as outlined in the Early Advantage Preschool LLC Parent Handbook.

By signing this contract, Parent agrees that they have received the Early Advantage Preschool LLC Parent Handbook and agree to abide by all other policies written therein.

Provider signature	Date
Parent/Guardian signature	Date

Early Advantage Preschool LLC Authorizations

Authorization for emergency medical care

I/We _____ hereby give permission to Early Advantage Preschool LLC to call a doctor for medical or surgical care for my/our child _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me/us before emergent action will be taken, but if this is not possible the expenses of emergency medical treatment or care will be accepted by me/us.

Mother/Father/Guardian signature

Authorization for trips

I/we give permission to Early Advantage Preschool LLC to take my/our child on walks away from the preschool premises.

Mother/Father/Guardian signature

Authorization to apply

I/we give permission to Early Advantage Preschool LLC to apply the following initialed items on my/our child should it be deemed necessary:

Sun block | Hand lotion | Lip balm

Authorization to participate in celebrations

I/we give permission for my child to participate in the following initialed celebrations:

Halloween	Thanksgiving	Christmas	Valentine's Day
St. Patrick's Day	Easter	Birthdays	

Early Advantage Preschool LLC Media Release Form

In efforts to help keep parents informed about the learning that takes place at my in-home preschool, I maintain a blog, Stay At Home Educator, where I record activities from our lessons, as well as offer ideas and tips to other preschool teachers about how to run a successful preschool and write lesson plans.

Parent permission is required for the use your child's photograph and/or voice in various media projects for the blog, Stay At Home Educator. Please read the following, then date and sign where indicated.

Thank you.

- o Yes – I consent. I grant permission for my child to participate and appear in video or audio recordings, photographs, or on websites and social media sites. This consent includes the use and editing of my child's image and/or voice in media projects by the Early Advantage Preschool LLC in print, broadcast or Internet media outlets. Names will not be included at any time. In consideration of the opportunity for my child to participate, I release the Early Advantage Preschool LLC from all claims resulting from the use and editing of my child's image and/or voice and the use, editing and release to media outlets.
- o Modified Yes – I consent to granting permission for my child to participate and appear in video or audio recordings, photographs, or on websites and social media sites if my child's face is completely blurred out. Names will not be included at any time.
- o No – I do not consent to Early Advantage Preschool LLC use of my child's photograph, video and/or voice in various media projects.

Your selection remains valid for all media projects occurring during the school year in which this form is signed. You may change your selection at any time by completing a new form.

Date: _____ Student name: _____

Parent or legal guardian name: _____

Parent or legal guardian signature: _____