

PRESCHOOL REGISTRATION FORM

Student's Legal Name:

_____	_____	_____	_____	_____	_____
Last	First	Middle	Nickname	Date of Birth	Gender (M/F)
_____			_____		_____
Street Address		City	State & Zip Code		Age
_____			_____		_____
Second Address if applicable		City	State & Zip Code		Potty Trained? (Y/N)

Mother/Guardian's Name:

_____	_____	_____	()	()
Last	First	Middle	Home Phone	Cell Phone
_____			_____	
Street Address		City	State & Zip Code	
_____			_____	
Place of Employment		Occupation	() Business Phone	
_____			_____	
Email Address			Best way to contact	

Father/Guardian's Name:

_____	_____	_____	()	()
Last	First	Middle	Home Phone	Cell Phone
_____			_____	
Street Address		City	State & Zip Code	
_____			_____	
Place of Employment		Occupation	() Business Phone	
_____			_____	
Email Address			Best way to contact	

Student Lives with: Mother Father Both Guardian Other _____
(circle)

PROGRAM SELECTION

- ☐ **SESSION 1** (9:15AM - 1:00PM)
☐ **SESSION 2** (2:00PM - 5:30PM)

- ☐ **5 Days** (Monday - Friday)
☐ **3 Days** (select 3 days below)
☐ Monday ☐ Thursday
☐ Tuesday ☐ Friday
☐ Wednesday

Student Drop-off Time: _____

Student Pick-up Time: _____

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/Guardian Signature

Date

I release Guru Academy, Inc. and individuals from liability in case of accident during activities related to Guru Academy, Inc., as long as normal safety procedures have been taken.

Parent/Guardian Signature

Date

Witness Signature

Date

I agree to promptly notify Guru Academy, Inc. of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

I certify that all the above information on this student's application form is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date



Please remember to enclose your non-refundable \$125.00 Application Fee.

FOR OFFICE USE ONLY

Application Fee

Cash/Check#

Date Received

Administrator Signature