Preschool SCHOOL YEAR Recreation Emergency Form

OFFICE USE ONLY. D (day) L (lunch)

TODDLERS	MON___ TUE___ WED___THU ___ FRI___
2'S & 3'S	MON ___ TUE___ WED___ THU___ FRI___
3'S & 4'S	MON___ TUE___ WED___ THU___ FRI___
PRE-K	MON___ TUE___ WED___ THU___ FRI___

Child's First Name _____ Child's Last Name _____ M.I. _____ Birth date _____

Mother's First Name _____ Mother's Last Name _____ Work Phone _____ Cell Phone _____

Father's First Name _____ Father's Last Name _____ Work Phone _____ Cell Phone _____

Home Phone _____ Address _____ City/Zip _____

Child's Allergies _____ Child's Medications _____

Anything else we should know about your child:

_____

In event of an emergency, please contact (after parents):

Name _____ Relation to Child _____ Phone 1 _____ Phone 2/Cell _____

My child may be picked up by the following people:

1. Name _____ Relation to Child _____ Phone _____

2. Name _____ Relation to Child _____ Phone _____

3. Name _____ Relation to Child _____ Phone _____

4. Name _____ Relation to Child _____ Phone _____

Preschool Programs

- **I understand that tuition is due by the 1st of each month. I understand that if tuition is received after the 5th of the month, I will be assessed a $25.00 late fee.**
- **I understand if my child attends class for even one day of the month, I will be charged the whole month's tuition.**
- **I understand that if my child is picked up after 12:00pm or 1:00pm depending on which class they attend, I will be billed a $25.00 late pick-up fee for the first 15 minutes and $1.00 for each additional minute after that.**

Signature _____ **Date** _____