



Start Date: _____

Little Falcons Pre-K Registration Form

2311 NW 119th St. Vancouver, WA 98685
littlefalconsprek@gmail.com
(360) 609-6806

Child: _____ Birthdate: ____/____/____ Sex: M____ F____

Child's Address: _____

Full name of Parent 1: _____ Email _____

Address: _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Contact 1st ☐

Full name of Parent 2: _____ Email _____

Address: _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Contact 1st ☐

*Please read the parent handbook (located on website under
"registration") before continuing.*

- ☐ I have read the parent handbook and understand the terms of my child's enrollment, including but not limited to the registration fee, security deposit, and monthly tuition and resource fees.
- ☐ I agree to follow all guidelines set in the Parent Handbook.
- ☐ I understand that my child's place is not held until the security deposit has been paid, unless otherwise noted by Mrs. Katie Schwartz-Bruner.

Signature: _____

Name: _____

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name:_____ 2. Name:_____

Relationship to child:_____ Relationship to child:_____

Home Phone:_____ Home Phone:_____

Cell or Work Phone:_____ Cell or Work Phone:_____

Other Person(s) Authorized to pick up child:

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

*Are there any person/s that are **not** allowed to pick your child up?

Name:_____ Relationship_____

Is there a parenting plan or court order associated with the child that effects the child's schooling and/or pick-up and drop-off in any way?

Yes ()

No ()

Details:

Child's Health Information and History

Health Plan _____ Group#:_____ ID#:_____

Child's Doctor:_____ Phone:_____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record if not enrolled in public school yet.

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check any of the following illnesses the child has had:

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special needs:

Medication and Emergency Care Authorization

I authorize Little Falcons Pre-K to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

☐ Yes ☐ No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, band-aids, and liquid Band-Aids.

☐ I authorize Little Falcons Pre-K to obtain the following services for my child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Transportation Authorization

☐ I understand that Little Falcons Pre-K is not responsible for transportation in any matter, including to and from field trips and in the event of an emergency. If an emergency should occur, Little Falcons Pre-K will call emergency services.

Photo Authorization

Photographs and videos are taken on separate occasions such as birthdays, holidays, field trips, as well as through the normal course of our day. We use these pictures/videos for teaching, sharing information about our day on Facebook, arts & crafts, albums, class books, etc.

Photos which may include your child may be given to families who also attend this program.

Please mark the appropriate box(s):

☐ I give permission to Little Falcons Pre-K to take photographs/videos of the above-named child(ren).

☐ I give permission for photos/videos to be posted on our Facebook or Website.

☐ I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

☐ I do NOT want any photos/videos taken of my child (this includes no photos on the family Facebook group).

If yes, please explain:

[illegible]