

♥ Welcome to
Preschool!





Avalon Preschool Registration Form

Child Information

Start Date:

End Date:

Frist Name:				Last Name:		MI	Nickname:
() boy () girl		Age	Date of Birth, y/m/d		Medical #		
Exsisting medical condition and or special attention your child may require:							
Allergies:							
Doctor's Name:			Phone #		Address:		

Parent Information:

Mother/Guardian											
First Name:			Last Name:			Home #					
Cell #		Work #		Email Address:							
Box #	Street Address:				Employer:						
Father/Guardian											
First Name:			Last Name:			Home #					
Cell #		Work #		Email Address:							
Box #	Street Address:				Employer:						
Which guardian should be called first?								Home #		Cell #	

Teach the child in the way he should go, and when he is old, he will never part from it. Proverbs 22:6



People Authorized For Pick UP

1 st Contact/Pick Up		
First Name:	Last Name:	Home #
Cell #	Relationship to child:	
2 nd Contact/pick Up		
First Name:	Last Name:	Home #
Cell #	Relationship to child	
3 rd Contact/Pick Up		
Frist Name:	Last Name:	Home #
Cell #	Relationship to child:	

In case of an Emergency, who would you like to be called first, if you are unavailable?

1 st Emergency pick up		
Frist Name:	Last Name:	Home #
Cell #	Relationship to Child:	
2 nd Emergency Pick UP		
First Name:	Last Name:	Home #
Cell #	Relationship to Child:	
3 rd Emergency Pick Up		
Frist Name:	Last Name:	Home #
Cell #	Relationship to Child:	



THIS IS AACA PRESCHOOL AND LEARNING CENTER PARENT CONSENT AND WAIVER OF LIABILITY FORM

This form must be completed in full and initialed where designated, before your child will be allowed to enroll. By signing this form, you agree to all the provisions that follow and acknowledge that these provisions constitute a waiver of liability from the AACA Preschool program and school for:

_____ (CHILD'S NAME)

I hereby grant permission for the child named above

- To participate in all AACA preschool and learning center activities
- To use all the play equipment owned or used by the AACA preschool & learning center
- To leave the school premises under the supervision of a staff member of the AACA preschool & learning center for walks in the neighborhood and to the beach.
- To participate in activities involving bus transportation under the supervision of a staff member of the AACA School along with volunteer parents and of school board members.

Yes, I Agree

Cancellation/Withdrawal from the Preschool & Learning Center program at AACA School

- I understand and agree that the \$75.00 registration fee is non-refundable Under any circumstance. I also understand and agree that should I wish to withdraw my child from the preschool I will be required to give 15 days' written Notice to AACA preschool & learning center to avoid a month payment penalty. I am required to pay all fees by the end of each month.

Yes, I Agree

I agree not to hold the AACA School, the board members, employees or volunteers responsible for accidents.

- When a child participates in an activity there is always a risk of personal injury or property damage or loss. I acknowledge that the school and its staff will not be held responsible if anything should happen to my child or my child's property while attending the preschool program, unless they have been grossly negligent.

Yes, I Agree

I consent to Emergency Medical Treatment for my child

- In any emergency, accident or illness, my child may need medical or surgical treatment. I hereby give permission to AACA school to call a medial practitioner or ambulance if I (the parent) cannot immediately be reached, with every reasonable effort made to contact me first.

Yes, I Agree

I HAVE READ THIS DOCUMENT AND ACEPT ITS TERMS AND I AGREE THAT THIS AGREEMENTWILL CONSTITUTE A COMPLETE RELEASE OF LIABILITY FOR THE AACA PRESCHOOL, LEARNING CENTER AND SCHOOL, SUBJECT TO THE PROVISIONS ABOVE.

_____ (SIGNATURE) _____ (DATE)



Dear Parents/Guardians,

This year we will be doing many fun activities that often result in Kodak moments. I would like to capture these moments through pictures and/or videos. This parental consent form is to both inform you and to request permission for your child's photo/image or video to be published on the classroom facebook website, newsletter and the school website. We may also use video and web cam recordings for educational use. From time to time the media may visit our school and may take photographs. Children will often appear in these images, which may appear in the local newspaper. Photos for the media and other publicity purposes may also be taken at events where our school is participating.

As you are aware, there are potential dangers associated with the posting of pictures on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, I do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child

Please fill out the form below, marking your permission. If you have any questions, or at any time change your mind about this agreement, please contact me immediately. Thank you!

FOR PERSONAL USE:

- I give permission for my child's photo to be taken
- I give permission for my child's photo to be taken and used in school displays
- I give permission to share photos with other parents (if their child is in the photo)
 - Please do not take photo of my child
 - Please do not share any photos of my child

FOR ADVERTISING PURPOSES:

- Yes, I give permission for my child's photos/videos to be used on the classroom Facebook website as well as the School's website, newsletters or for advertising.
- Yes, I give permission for photos of my child to be used in advertising, only if their face is not shown.
 - Please do not use any photos of my child on any of the websites or for advertising.

Child's Name

Parent's Signature

Date

Please sign and return with registration form

Avalon Pre-School and or Learning centre
Parent Handbook Agreement

I, _____ have reviewed a copy of the Avalon
Preschool
Parent Handbook and Discipline Policy. I have read, understood, and will abide by the
policies set forth in this document.

Signature _____

Date _____

