

Child's Name _____

Start Date _____

Kids Rock Preschool Enrollment Form

Please fill out, sign, date and return all forms to Kids Rock Preschool by email or hard copy. Please send your \$50 deposit by check or credit card (no cash please).

Handbook Received Form

I have received, read and understand the Kids Rock Preschool Parent Handbook. I agree to pay tuition on the 3rd of every month for the

_____ AM Williamsport Location 8 am - 11:30 am

_____ PM Williamsport Location 12:45 pm -4:15 pm

Signature _____ Date _____

Family Contact

Child's Full Name _____

Birthdate _____

Child's Address _____

Home Phone _____

Allergies _____

Other important health information _____

Permission to administer minor first aid (circle one): Yes No

Signature _____

Daily medications currently being administered

Anything else you would like us to know about your child

**Please attach a copy your child's immunization records.*

**Please attach a copy of any court orders that are in place that are applicable.*

Name of Father _____

Address (if different than child) _____

Name & Address of Employer _____

Work Phone _____

Home Phone _____

Cell Phone _____

Email Address _____

Name of Mother _____

Address (if different than child) _____

Name & Address of Employer _____

Work Phone _____

Home Phone _____

Cell Phone _____

Email Address _____

Your Child's Siblings (names and ages)

Kids Rock Preschool Photo Release

Kids Rock Preschool has my permission to take photos of my child _____ and use my child's photo in the following situations:

(check all that apply)

_____ Bulletin Boards in school

_____ Newspaper

_____ Church newsletter

_____ Social Media sites

_____ Slideshows at preschool

(no names will be used)

_____ Videos

Signature _____ Date _____

Volunteer Form

We love our parents and encourage them to participate in their child's education. If you have the desire to share your time and talents with our class, please feel free to check all that apply. Please submit a copy of your clearances along with this form. Thank you!

Child's Name _____

Parent Volunteer Name _____

Home Phone _____ Cell Phone _____

_____ Help or plan our holiday events

_____ Read a story

_____ Share a hobby or occupation

_____ Prep classroom learning materials at home

_____ Provide materials for special projects

Walking Field Trips

My child has permission to participate in walking field trips.

Signature _____ Date _____

Emergency Contacts *(should both parents be unreachable)*

Name _____

Relationship to family _____ Cell _____

Name _____

Relationship to family _____ Cell _____

Name _____

Relationship to family _____ Cell _____

Name of Physician _____

Physician's Phone Number _____

Health Insurance Company _____

Health Insurance Company Address _____

Health Insurance Phone Number _____

Home Church & Pastor _____

Specific people who may **NOT** pick up your child

Permission for:

_____ sharing information to future school for Kindergarten

_____ conducting assessments & screenings

_____ sharing of address & phone number with parents

Signature _____ Date _____

(Please continue to scroll down for the Field Trip Liability form)

PARENT/GUARDIAN PERMISSION AND RELEASE OF LIABILITY
FOR FIELD TRIPS

I, _____, am the parent/guardian of
(student's printed full name)

I give my permission for my son/daughter to participate in the field trips at Kids Rock
Preschool.

I understand that although the students will be supervised by (Kids Rock Preschool
Staff), I do assume the risk in my student's participation in the event.

I acknowledge that I will not seek to have the Kids Rock Preschool or Liberty Bible
Church held liable in the event that any accident, injury, loss of property or any other
circumstance or incident occurs during or as a result of my son's/daughter's participation
in the field trip. This release of liability includes accident, injury, loss, or damages to the
student, as well as, to other individuals or property which may result from the student's
participation in the event. I hereby release and agree to hold harmless Kids Rock
Preschool or Liberty Bible Church, its officials, agents and employees, from any claims
arising out of my son's/daughter's participation in the event(s).

I have read and understand and accept all of the statements recited above and accept
full responsibility as described.

Parent's/Guardian's Printed Name _____

Parent's/Guardian's Signature _____

Date: _____