



Child's name _____

Child's age ____ Date of Birth __/__/____

Parent/Guardian names:

Primary phone _____

Primary e-mail _____

Allergies/other conditions we should know about:

Emergency contact/phone, relationship to child

Who will pick up your child each day? _____

Tuition: \$140; Due in Advance

Please circle the week(s) your child will attend:

1. June 3 - 6

2. July 29 - August 1

IN THE EVENT THAT IMMEDIATE MEDICAL TREATMENT IS REQUIRED FOR MY CHILD, AND I CAN NOT BE REACHED, ARDEN PRESBYTERIAN PRESCHOOL & KINDERGARTEN MAY TRANSPORT MY CHILD BY ANY MEANS NECESSARY TO AN APPROPRIATE MEDICAL FACILITY FOR CARE.

Photography Release Information

Photographs are occasionally made by the staff to be used for programs, promotional and educational purposes. Unless specific written permission is obtained from the parent or legal guardian, children's names will never be used nor is any other confidential information shared.

I give my permission for my child to be included in photographs taken at Arden Presbyterian Preschool & Kindergarten.

Parent Signature



