



## Enrollment Form

First Name	Middle Name	Last Name	Date of Birth
Address	City	State Zip	Today's Date

### Parent Information

Parent 1/Guardian 1 Name	Home Phone	Work Phone
Email	Mobile Phone	

Parent 2/ Guardian 2 Name	Home Phone	Work Phone
Address (if different from child)	City	State Zip
Email	Mobile Phone	

**Others who are allowed to pick up your child with valid ID card**


**Individuals who are NOT allowed to see or contact your child**

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**Special Health Problems / Allergies / Drugs / Food Restrictions**




Other people to notify in case of emergency

Name	Phone Number
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Name	Phone Number
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**Medical Insurance Coverage** (please include a copy of you insurance provider)

company name name	policy number	policy holder
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**Other medical instructions** (medication taken on regular basis, chronically illness care etc.)

## Consent to medical treatment of minor child

I hereby give permission that my child,

\_\_\_\_\_ may be given emergency treatment by a qualified medical provider sent by the 911 emergency dispatch or taken into the nearest emergency clinic by ambulance. When neither legal parent/guardian can not be contacted, I authorize and give consent to any medical care and treatment recommended and performed by a licensed physician.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

Parent/Guardian Signature	Date
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## Enrolment Request

Desired start date: \_\_\_\_\_

**Tuition Packages:** (4hrs/day are assumed, shorter sessions may be arranged )

\_\_\_ ONE DAY PER WEEK  
\$290 per month

\_\_\_ TWO DAYS PER WEEK  
\$550 per month

\_\_\_ THREE DAYS PER WEEK  
\$730 per month

\_\_\_ FOUR DAYS PER WEEK  
\$860 per month

\_\_\_ FIVE DAYS PER WEEK  
\$980 per month

### CHECK YOUR PREFERRED DAYS

\_\_\_ MON \_\_\_ TUE \_\_\_ WED \_\_\_ THU \_\_\_ FRI

Are your days flexible?

**YES**

**NO**

### CHECK DESIRED SESSIONS

\_\_\_ 9:00am-1:00pm \_\_\_ OTHER \_\_\_\_\_

Is your session selection flexible?

**YES**

**NO**



## Student Profile

Description of special need if any:

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Description of child's emotional development and challenges

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Description of child's physical development and challenges

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Description of child's language and speaking development and challenges

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Toileting Routines

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Feeding Routines and Dietary Restrictions

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Some of your child's favorite activities and interest

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Any Siblings, their age and names, any Pets ?

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Other languages spoken at home ?

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Religious and other holidays observed, if you want us to include these in your child's education. (optional)

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Any additional information you would like us to know about your child

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Food	Type of allergic reaction or dietary restriction	Supplement food



Huckleberry Forest Preschool teachers and assistants have my/our permission to do the following: (please specify **YES or NO** for each question)

\_\_\_\_\_ Take my/our child for a walk around Huckleberry Forest Preschool, to a local park

\_\_\_\_\_ Share my address, email with other parents of Huckleberry Forest

\_\_\_\_\_ Share my phone number with other parents of Huckleberry Forest

\_\_\_\_\_ Put sunscreen on my child

\_\_\_\_\_ Take pictures and videos of my child and post them on Huckleberry Forest web page or share it with members within the preschool. If you say NO we will have to single out and remove your child from group photos which will make them feel "isolated" and "emotional".

There are many rules and policies that are posted on [huckleberryforest.com](http://huckleberryforest.com) webpage.

With this signature I acknowledge that I have read all of them and I understand all of them. I also understand that those rules and policies may change without special notice and I am still obligated to comply with those rules and policies.

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Parent signature

date



## Emergency Plan For Allergic Reaction

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Phone numbers in order of importance to reach you

If my child develops signs of allergic reaction described below

\_\_\_\_\_  
\_\_\_\_\_

Or any other similar reaction, or any other reaction that we asses is an allergic reaction if we can not contact you, Huckleberry Forest staff members should do the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctors name and phone

\_\_\_\_\_  
Name specialty phone

Parent / Guardian Signature

\_\_\_\_\_  
Signature date