



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

Special Health Problems / Allergies / Drugs / Food Restrictions



Other people to notify in case of emergency

Name Phone Number

Name Phone Number

Medical Insurance Coverage (please include a copy of you insurance provider)

company name policy number policy holder name

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



Enrolment Request

Desired start date: _____

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

___ ONE DAY PER WEEK
\$190 per month

___ TWO DAYS PER WEEK
\$370 per month

___ THREE DAYS PER WEEK
\$495 per month

___ FOUR DAYS PER WEEK
\$600 per month

___ FIVE DAYS PER WEEK
\$695 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:

Description of child's emotional development and challenges

Description of child's physical development and challenges

Description of child's language and speaking development and challenges

Toileting Routines

Feeding Routines and Dietary Restrictions

Some of your child's favorite activities and interest



Any Siblings, their age and names, any Pets ?

Other languages spoken at home ?

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

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

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".

_____ With your initials you must acknowledge that you understand that Huckleberry Forest Preschool is completely separate organization and legal entity from Gift of Grace Lutheran Church which is strictly our landlord therefore your enrollment is a contract between you and Huckleberry Forest Preschool.

There are many rules and policies that are posted on 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.

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