

Wonder Years Academy

Teacher: Katie Collier 1941 South Bullrush Parkway Lehi, UT 84043

Information			
Child's Full Name	(preferred name)	Date of Birth	Home Phone
Address – Street		City	Zip Code
Email address:			
Mother's Name	Address (if different from above)	Occupation	
Father's Name	Address (if different from above)	Occupation	
Parent Phone Numbers (during preschool hours)			
Mom work	Mom cell	Dad work	Dad cell
Person to call in an emergency if parents cannot be reached: (Please inform these contacts.)			
Name:	Relationship to child:	Phone number:	
Name:	Relationship to child:	Phone number:	
Other persons authorized to pick up my child:			
Persons <i>not</i> authorized to pick up my child:			
Note any special problems your child may have. (Allergies, existing illness, special needs, dietary needs, etc.)			
Authorization for Emergency Medical Attention			
In the event that I cannot be reached in an emergency situation, I authorize the person in charge to take my child to...			
Name of physician:		Phone number:	
Physician address:			
Hospital:			
I hereby give consent for necessary treatment when my child is in the care of this physician and/or hospital/clinic.			
Signature:		Date:	
Field Trips:			
Several field trips are planned for the school year. Sufficient notice will be given. If transportation is needed, my child will be transported by the teacher or a parent. I will provide a portable car seat.			
I hereby give consent for my child to be transported by the teacher or another parent for field trips. I understand that every precaution will be taken to ensure my child's safety.			
Signature:		Date:	

Please read this standard waiver and release form carefully and be aware that in signing up for Wonder Years Academy Preschool, you will be waiving and releasing all claims for accidental injuries sustained arising out of the activities of this program. Your signature is required.

Waiver and Release of all Claims

As a parent/guardian of participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, that my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such activities held on or off preschool property (including transportation). I waive and fully release Wonder Years Academy from any and all claims as a result of participating in this program.

I have read and fully understand the above Waiver & Release of all Claims.

Signature of Parent: _____

Date: _____