Choose One: M,W,F (AM) – 9:30-11:30 ____\$105/mo M,W,F (PM) – 12:15-2:15 ____\$105/mo

Tu,Th (AM) – 9:30-11:30 ____ \$85/mo Tu,Th (PM) – 12:15-2:15 ____ \$85/mo

Wonder Years Academy

Teacher: Brittany Meredith		Location: 2187 W 650 S Lehi, UT 84043	
Information			
Child's Full Name	(preferred name)	Date of Birth	Home Phone
Address – Street		City	Zip Code
Address – Street		City	Zip Code
Email address:			
Mother's Name	Address (if different from abo	ove) Occup	ation
Father's Name	Address (if different from abo	ove) Occupa	ation
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 chi		Phone number:
Name:	Relationship to chi	ld:	Phone number:
Other persons author	orized 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:			
-	ent for necessary treatment	when my child is i	in the care of this physician
and/or hospital/clin		Ž	Date:
Field Trips:			
	2 1		ortation is needed, my child will
be transported by the teacher or a parent. I will provide a portable car seat.			
	•	-	ner or another parent for field
trips. I understand t	that every precaution will	be taken to ensure 1	
	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 Rologs of	all Claims		
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			
			erty (including transportation). I waive
and fully release Wonder	r Years Academy from any and	an claims as a result o	i participating in this program.

Signature of Parent: _____ Date: ____

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