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	
		-	-	
Email address:				
Mother's Name	Address (if different from abo	ove) Occupat	tion	
Father's Name	Address (if different from ab	ove) Occupat	ion	
Parent Phone Numbers (during preschool hours)				
Mom work	Mom cell	Dad work	Dad cell	
D (11.	· C	(1 1 1		
Person to call in an emergency if parents cannot be reached: (Please inform these contacts.) Name: Relationship to child: Phone number:				
	Relationship to chi		Phone number:	
	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:				
I hereby give consent for necessary treatment when my child is in the care of this physician				
and/or hospital/clin	ic. Signature:		Date:	
Field Trips:				
			rtation is needed, my child will	
be transported by the teacher or a parent. I will provide a portable car seat.				
			r or another parent for field	
trips. I understand that every precaution will be taken to ensure my child's safety.				
Signature:		Date:		
			n signing up for Wonder Years injuries sustained arising out of the	

activities of this program. Your signature is <u>required.</u>

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.

Date: ____

Choose One Class:				
□ M,W,F (AM) – 9:30-11:30\$105/mo				
\square M,W,F (AM #2) – 10:00-12:00 \$10	15/mo Tu, Th (AM #2 – 10:00-12:00 \$85/mo			
□ M,W,F (PM) – 12:15-2:15 \$105/mo	\Box Tu,Th (PM) – 12:15-2:15			