

The Creative Arts Preschool

346 Gallatin Park Dr
Bozeman, MT 59715
erin.creativeartspreschool@gmail.com
creativeartspreschool.org
406-579-7692

Preschool Contract & Registraton

Child's Name: _____ Date of Birth: _____ Gender: ____

Special Needs/Restrictions: _____

** Please return this form along with a non-refundable \$200 tuition deposit to secure your child's spot.

Requested Days: (please circle) **M** **T** **W** **Th** **F**

Start Date: (We begin August 30th) _____

Program (please circle): **Half Day 9-12** **Full Day 9-3**

Child lives with: _____

1) Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Work Phone: _____ Other: _____

Email: _____ Security Number: _____

Employer: _____

2) Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Work Phone: _____ Other: _____

Email: _____ Security Number: _____

Employer: _____

**Social Security numbers are required for use in a medical emergency when a parent cannot be reached.

Other persons authorized for child pick up (must present a photo ID):

1) Name: _____

Relationship to Child: _____

Cell: _____ Work Phone: _____ Other: _____

2) Name: _____

Relationship to Child: _____

Cell: _____ Work Phone: _____ Other: _____

Please tell us something special about your child.

Is there anything you can tell me that will help with your child's development while here at our preschool?

Is your child toilet trained?

Medical Information

Child's Full Name: _____

Emergency Contact Information: _____

Physician: _____ Phone: _____

Physician's Address: _____

Preferred Hospital: _____

Medical Insurance Plan: _____

Group ID #: _____

Health History

Does your child have allergies? If yes, please explain: _____

Please check any of the below items that your child has experienced in the past:

Anemia _____ Asthma _____ Chicken Pox _____ Mumps _____

Rubella _____ Measles _____ Ear problems _____ Eczema _____

Seizures _____ Tonsillitis _____ Pneumonia _____ Surgery _____

Hospitalization _____ Reaction or other _____

Please explain any of the checked items: _____

Has your child ever been diagnosed or shown signs of any of the following that may be of concern? Coordination _____ Sleeping _____ Learning Disabilities _____

Behavior issues speech or hearing vision impairment _____ Eating _____ Other _____

Please explain any of the checked items: _____

Is your child currently seeing a specialist? (therapist, counselor, speech therapist, OT, PT etc.) Please list their names and contact information. _____

Media Release

I _____ the undersigned parent hereby consent to the use of my child's _____ photograph and/or likeness for the commercial, entertainment, and any other such purposes utilized by, or uses licensed by The Creative Arts Preschool Inc. for any use, sales, or promotional reasons, thus waiving The Creative Arts Preschool Inc., Bozeman Dance Academy, or any said buyer from any liability or claims whatsoever for said use(s).

Medical and General Release

By signing on the below line I _____ as the parent or guardian of _____ the student, agree that I have been informed of and have read and agree to the Parent Handbook for The Creative Arts Preschool Inc. which has been provided for me and is also posted on www.creativeartspreschool.org and within the preschool/ dance studio facility in its' entirety and agree to adhere to the above stated guidelines of The Creative Arts Preschool Inc., Bozeman Dance Academy. I understand that participation in dance classes and various other forms of rigorous activity (excluding all forms of gymnastics or tumbling) with The Creative Arts Preschool Inc. and Bozeman Dance Academy, is at my and my child's own risk and that neither The Creative Arts Preschool Inc., Bozeman Dance Academy is responsible for any expulsion from the program, injury or illness that may occur. On behalf of myself and my child I accept these risks and waive and forever discharge The Creative Arts Preschool Inc., Bozeman Dance Academy, and its employees, officers, agents, independent contractors, and successors and assigns from any and all causes of action or claims. Nothing herein shall be construed as a release of any cause of action for fraud, willful injury, or willful or negligent violation of the law. In case of emergency if neither parent can be reached, I give my permission for my child to be treated at the nearest medical facility. I also realize that is my responsibility to update and inform The Creative Arts Preschool Inc of any changes to my contact, medical or other such pertinent information. I also agree to never pick up my child(ren) under the influence or to be suspected of being under the influence of drugs or alcohol. I also understand that The Creative Arts Preschool Inc., Bozeman Dance Academy are bound by law report any suspected child abuse and neglect.

Print Parent/s Name: _____

Sign: _____ **Date:** _____

Print Child's Name: _____

Forms to Turn in/Please check off to insure completion

- () *State of MT Emergency Contact and Parental Consent form* () *Registration Form*
() *State of MT Certificate of Immunization*