

**Leaps and Bounds Early Learning Center
Application for 2010-2011**

Child's Name: (first middle last) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ (home / cell) for (name) _____

Secondary phone: _____ (home / cell) for (name) _____

E-mail: _____

Gender: Male _____ Female _____ Date of Birth: _____ Age on 9-1-10: _____

Child resides with: _____ Both parents _____ Mother only _____ Father only

_____ Other _____ Name & relationship

_____ Current Student? _____ # of years attended preschool

_____ Siblings attend(ed)? Names: _____

_____ TVPC Member?

My goals for my child in preschool: _____

_____ I am interested in receiving information and application for a scholarship.

I wish to register my child for:

_____ Toddler Class (must be 2 by February 28, 2011), Mon/Wed/Fri, 9 AM – Noon [\$125/month]

_____ Toddler Class (must be 2 by February 28, 2011), Tues/Thurs, 9 AM – Noon [\$90/month]

_____ Three's Class, Mon/Wed/Fri, 9AM – 1PM [\$135/month]

_____ Three's Class, Tues/Thurs, 9AM – 1PM [\$100/month]

_____ Pre-K Class, Mon – Thurs, 9AM – 1PM [\$150/month]

_____ Pre-K Class with "Project Fridays" option, Mon – Fri, 9AM – 1PM [\$180/month]

I've included my \$65 non-refundable registration fee payable to Leaps & Bounds for enrollment. I understand that due to registration numbers the Board may choose to discontinue a certain class and that I will have the option to move my child to a different class within their age range. If not already on file, I will provide Leaps and Bounds with my child's birth certificate, most recent immunization records and any other legal documents pertaining to my child's custody, health and/or welfare.

Parent/Guardian's Signature: _____ Date: _____

Office Use: reg Fee # app rec / / BC Immun Enrolled Waitlist

Child's Last Name: _____

First Name: _____

Date of Birth: _____ / _____ / _____

Allergies: YES _____ NO _____

Leaps and Bounds Early Learning Center Emergency / Medical Form for 2010 – 2011

Child's Name: (first middle last) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary phone: _____ (home / cell) for (name) _____

Gender: Male _____ Female _____ Date of Birth: _____

Mother's Name: _____ Workplace: _____

Phone(s): _____

Father's Name: _____ Workplace: _____

Phone(s): _____

Primary Doctor: _____ Phone: _____

Allergies: _____

Medical / Developmental Concerns: _____

In case of illness or emergency, the following people may be contacted and may pick up my child without additional written permission.

Name: _____ Phone: _____ Relationship: _____

Should a medical emergency arise, Leaps & Bounds staff has my permission to obtain necessary medical treatment. I agree that I will be held responsible for any charges and/or fees relating to emergency medical treatment.

Parent/Guardian's Signature _____ Date: _____

Child's Last Name:

First Name:

Date of Birth:

/

/

Allergies:

YES

NO