

**Leaps and Bounds Early Learning Center  
Application for 2011-2012**

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 9-1-11: \_\_\_\_\_

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 wish to register my child for:

\_\_\_\_\_ Toddler Class (must be 2 by February 28, 2012), Tues/Thurs, 9 AM – Noon [\$95/month]

\_\_\_\_\_ Three's Class, Mon/Wed/Fri, 9AM – 1PM [\$140/month]

\_\_\_\_\_ Pre-K Class, Mon – Thurs, 9AM – 1PM [\$155/month]

I've included my \$75 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 2011 – 2012**

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