



Leaps and Bounds Early Learning Center
Summer Fun Application for 2010

Summer Fun at Leaps and Bounds is an enrichment program for children 2 to 8 years. Students are in a multi-age class where activities are adjusted to the developmental readiness of the child. Each exploratory session will have projects, stories, songs, activities and even snacks developed around various themes. Come out and play with us this summer!

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 6-12-10: _____

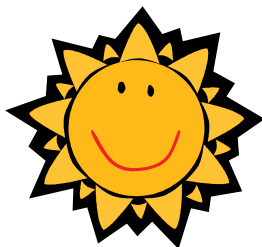
I wish to register my child for:

_____ Session I, June 12 – July 2, Mon/Wed/Fri, 9 AM – Noon [\$100]

_____ Session II, July 12 – 30, Mon/Wed/Fri, 9AM – Noon [\$100]

I've included my \$25 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. 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 Summer 2010

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