

THE KNOWLEDGE NEST PRESCHOOL

Registration Form 2024-2025

OPTION#: _____ REGISTRATION FEE: _____

Child's Name: _____ DOB: _____

Parent phone numbers:

Mom's cell: _____ Dad's cell: _____

Mom's name: _____ Dad's name: _____

Mom's employer/phone number:

Dad's employer/phone number:

Child's mailing address: _____

Child's physical address: _____

e-mail address: _____

Emergency Contact residing in Flathead Valley (other than parent/guardian)

Name: _____ Relationship to child: _____

Phone number(s): _____

Address: _____

EMERGENCY PERMISSION

In case of emergency, I authorize The Knowledge Nest Preschool staff to give my child emergency care. Should it be necessary, I authorize the teaching staff at The Knowledge nest Preschool to seek and obtain medical or emergency care, on site or from an outside location. I will be responsible for whatever expenses incurred.

Date: _____ Signature: _____

ON AND OFF SITE PERMISSION

I give the staff of The Knowledge Nest Preschool permission to take my child for outdoor activities (such as nature walks) both on and off the premises of The Knowledge Nest Preschool.

Date: _____ Signature: _____

ACKNOWLEDGEMENT

By signing below, I am acknowledging that I have received and read The Knowledge Nest Preschool’s Parent Handbook.

Date: _____ Signature: _____

ADDITIONAL INFORMATION

(e.g. allergies, medications, custody issues, private or school therapies; physical, mental, or emotional factors)