

Big Leaps Preschool
Parent/Child Information

Child's Last Name: _____

Child's First Name: _____

Birth Date: _____

Mailing Address: _____

Phone Number: _____

Cell Phone: _____

Email Address: _____

Ethnic Origin: _____

Religion: _____

Parent's Last name _____

First Name of Mom _____

First Name of Dad _____

Marital Status _____

Dad's place of work: _____

Work phone: _____

Mom's place of work: _____

Work phone: _____

Transportation to and from school _____

Authorized pick-up, other than you: _____

Anyone NOT Authorized: _____

Insurance Information: _____

Doctor's Name: _____

Doctor's Phone Number: _____

Preferred Hospital: _____

Immunizations up to date? _____ Please bring copy of record

Special health concerns/medications: _____

Food Allergies: _____

Emergency Contact #1: _____

Emergency Contact #2: _____

Child's Interests: _____

Has He/She been in Preschool or Daycare setting before? _____

Big Leaps Preschool
4061 NE Rova Rd.
Poulsbo, Wa. 98370
(360) 271-3247

Financial Agreement

Child's Name _____

Registration Fee (non-refundable)

Tots.....\$40.00 _____
Tweens/Pre-K.....\$40.00 _____
Open House Special.....\$25.00 _____

Tuition Fees (due month to month)

Tweens/ Pre-K split.....\$140.00 _____
2 day option.....\$95.00 _____
Tots (Wednesdays only).....\$50.00 _____
Sibling Discount _____

Registration fee must be paid when enrollment forms are turned in. Tuition is due by the 1st of each month and can be paid up until the 10th of the month, after the 10th it is considered late. (Sept. – June)

Parent Signature _____ Date _____

Medical Release and Consent of Minor Child

I hereby give my permission that my child, _____,
May be given emergency treatment by staff of Big Leaps Preschool. When I
cannot be contacted, I authorize and consent to medical, surgical and
hospital care, treatment and procedures to be preformed for my child by a
licensed physician, health care provider, hospital or aid care attendant when
deemed necessary or advisable by the physician or aid care attendant to
safeguard my child's health. I waive my right of informed consent of such
treatment.

I also give my permission for my child to be transported by ambulance or
aid car to an emergency center for treatment. And I give staff of Big Leaps
Preschool permission to make such decision in my child's best interest.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Home Telephone Number: _____

Home Address: _____

Parent Contract

My mission here at Big Leaps Preschool is to educate young children in a fun, relaxed environment. So that they can “leap” to their next step.

As Parents/guardians I/we agree to:

Abide by preschool policies as printed in parent handbook.

To support child’s learning and help them learn at home.

Agree to pay registration fee which is non-refundable.

Pay tuition by the due date of each month, September – June as outlined in financial agreement.

I am aware that there will be financial consequences with late pick ups, late or non-payment of tuition and/or other fees as stated in the parent handbook.

I am financially obligated to Big Leaps Preschool for the payment of monthly tuition costs. If I withdraw my child from school I obligate myself for full payment through the end of the month on which I withdraw.

I take full responsibility for my child. In case of an accident or emergency, I will not hold Big Leaps Preschool or staff accountable for such injury.

I give my consent for Big Leaps Preschool to take pictures of my child to be used within the preschool for display, photo or projects.

Parent/Guardian Signature_____Date_____