



REGISTRATION FORM

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ HOME TEL _____

MOTHER/GUARDIAN _____ CELL _____

WORK- PLACE _____ WORK TEL _____

WORK-PLACE ADDRESS _____ EMAIL _____

FATHER/GUARDIAN _____ CELL _____

WORK-PLACE _____ WORK TEL _____

WORK-PLACE ADDRESS _____ EMAIL _____

IN CASE OF EMERGENCY: AUTHORIZED PERSONS WHO HAVE PERMISSION TO PICK UP CHILD IF PARENT or GUARDIAN CANNOT BE REACHED:

1. _____ PHONE _____

2. _____ PHONE _____

Physician: _____ PHONE _____

I further agree that in case of accident or injury, emergency medical care may be given to the child by authorized staff in the event that I cannot be contacted immediately.

Emergency Care Hospital: _____

Emergency Care Transportation: _____

Parent Agreement

I approve this application and certify the following:

-The Torrington Preschool Center may dismiss without refund that disrupts the program or violates the school safety rules outlined in the parent handbook.

-It is my responsibility to pick-up my child at the agreed upon time, failure to do so will result in a late fee.

-I agree to pay my session fee by each Monday of that weeks' session or in full prior to the beginning of camp. I understand that my child will not be able to participate if payment is not received and no refunds will be given once payment is drafted.

-I give permission for the Torrington Preschool Center to take photos & videos of my child and use them for promotional purposes.

Signature of Parent or Guardian

Date