

# Preschool Prep Program Registration

Child's Name: \_\_\_\_\_ Child's D.O.B: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Enrollment Dates: \_\_\_\_\_

Preschool child will be attending: \_\_\_\_\_

## **Consent:**

I, \_\_\_\_\_, consent to enrolling my child in the Preschool Prep Program. I acknowledge there are risks associated with my child being in the care of someone else and I am willing to assume these risks on behalf of my child. I waive, release, and hold harmless Kyla Davis for any injury that may be incurred by my child in the normal course of participation. I understand that participation is voluntary and that I am by no means required to keep my child enrolled if I see it unfit.

## **Allergies/Health Conditions**

Please list any known allergies/health conditions here:

\_\_\_\_\_  
\_\_\_\_\_

**Please provide any additional information about your child that you feel is important for Kyla to know:**

\_\_\_\_\_

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)

Payment Amount: \_\_\_\_\_ Form of Payment: Venmo    Cash    Check

(Please make checks payable to Kyla Davis or Venmo to @Kyla-Davis-11)