

Little Farm Preschool

Enrollment form

PLEASE RETURN THIS FORM AND THE \$150 NON-REFUNDABLE ENROLLMENT FEE TO:

24025 SW Middleton Road, Sherwood Oregon 97140

Student Name _____

Birth Date _____ Age _____

Parent contact _____

Name

Cell Phone

Email Address

Parent contact _____

Name

Cell Phone

Email Address

Address _____

Street and Number, Apt. #

City

State

Zip

Emergency Contact (other than parents)

Name

Phone

Relationship

Allergies/Medical conditions concerns: _____

I give permission to have my child's picture taken for classroom use ____ Yes ____ No

By signing below, I give permission for my child to receive medical treatment if an emergency occurs.

By signing below, I release Little Farm Preschool from any liability associated with activities my child will be involved in while attending.

By signing below, I understand I must give a 30 day notice before withdrawing my student from preschool. If I leave before the 30 days, tuition will be due for that month.

By signing below, I understand there will not be tuition adjustments or refunds if preschool has to temporarily close due to Cover or other communicable diseases.

Parent Signature _____ Date _____