



Registration Form

-----Program Options-----

2 day a week program	Monthly Tuition	Registration Fee	Materials Fee	Language and Content	Number of Days taught
Tuesdays and Thursday	\$345	\$150 per child One \$50 discount for families with 2 or more enrolled children	\$50 per child	Literacy, Math, Science, and Social Studies Taught in English and Spanish	1
				Literacy, Math, Science, and Social Studies Taught in Spanish	1
3 day a week program	Monthly Tuition	Registration Fee	Materials Fee	Language and Content	Number of Days taught
Mondays, Wednesday and Fridays	\$455	\$150 per child One \$50 discount for families with 2 or more enrolled children	\$75 per child	Literacy, Math, Science, and Social Studies Taught in English and Spanish	1
				Literacy, Math, Science, and Social Studies Taught in Spanish	2
5 day a week program	Monthly Tuition	Registration Fee	Materials Fee	Language and Content	Number of Days taught
Monday - Friday	\$685	\$150 per child One \$50 discount for families with 2 or more enrolled children	\$100 per child	Literacy, Math, Science, and Social Studies Taught in English and Spanish	2
				Literacy, Math, Science, and Social Studies Taught in Spanish	3

STUDENT ONE

Last Name _____ First Name _____ Middle Name _____ Nickname _____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ D-O-B (MM-DD-YYYY) _____ Program Selection: (T/TH, M/W/F, or M-F) _____ 1st Choice _____ 2nd Choice _____
 Age _____ Gender _____ Contact Information of Child's Doctor (Name, Address, Phone Number) _____

STUDENT TWO

Last Name _____ First Name _____ Middle Name _____ Nickname _____
 Street Address (if different) _____ City _____ State _____ Zip _____
 Home Phone _____ D-O-B (MM-DD-YYYY) _____ Program Selection: (T/TH, M/W/F, or M-F) _____ 1st Choice _____ 2nd Choice _____
 Age _____ Gender _____ Contact Information of Child's Doctor (Name, Address, Phone Number) _____

PARENT ONE

FATHER GRANDPARENT
 MOTHER OTHER

 LAST NAME FIRST NAME

 MAILING ADDRESS CITY STATE ZIP

 HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE NUMBER LANGUAGE SPOKEN AT HOME

 EMPLOYER OCCUPATION Email Address (Please print clearly)

PARENT TWO/GAURDIAN

FATHER GRANDPARENT
 MOTHER OTHER

 LAST NAME FIRST NAME

 MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP

 HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE NUMBER LANGUAGE SPOKEN AT HOME

 EMPLOYER OCCUPATION Email Address (Please print clearly)

EMERGENCY CONTACT

Emergency Contacts (EC)/Pick-Up Permitted (PU)
(contacts listed here should not be parents)

	EC (check all that apply)	PU	Home Phone Number	Cell Phone Number
1. _____ Name/Relationship	<input type="checkbox"/>	<input type="checkbox"/>	(____) ____-____	(____) ____-____
2. _____ Name/Relationship	<input type="checkbox"/>	<input type="checkbox"/>	(____) ____-____	(____) ____-____
3. _____ Name/Relationship	<input type="checkbox"/>	<input type="checkbox"/>	(____) ____-____	(____) ____-____

AUTHORIZATION

I grant Girasol Dual Language Preschool permission to: AGREE DECLINE

Take my child to the nearest doctor or hospital and receive medical treatment in case of emergency. I agree to be financially responsible for such treatment.

Take and use photos and or videos of my child for preschool purposes such as: Newsletters, scrapbooks, slideshows and communicating with me about my child’s daily activities

Take and use photos and or videos of your child for media and marketing use such as: Brochures, our website, Facebook page, YouTube and training presentations for prospective families