



## ////////Session Options////////

Session	Weeks in Session	Days in School	Registration Fee	Materials Fee	Session Tuition
3 Week	May 29th June 5th June 12th	Tuesdays, Wednesdays and Thursdays	\$0	\$15 per child	\$450
4 Week	July 3rd July 10th July 17th July 24th	Tuesdays, Wednesdays and Thursdays No school on July 4th.	\$0	\$20 per child	\$550

**STUDENT ONE**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ D-O-B (MM-DD-YYYY) \_\_\_\_\_ Session Selection:  3 WEEK  4 WEEK  
 Age \_\_\_\_\_ Gender \_\_\_\_\_ Contact Information of Child's Doctor (Name, Address, Phone Number) \_\_\_\_\_

**STUDENT TWO**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ D-O-B (MM-DD-YYYY) \_\_\_\_\_ Session Selection:  3 WEEK  4 WEEK  
 Age \_\_\_\_\_ Gender \_\_\_\_\_ Contact Information of Child's Doctor (Name, Address, Phone Number) \_\_\_\_\_

**PARENT ONE**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  FATHER  GRANDPARENT  
 MOTHER  OTHER  
 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  
 LAST NAME                      FIRST NAME                      \_\_\_\_\_ MOTHER    \_\_\_\_\_ OTHER  
 \_\_\_\_\_  
 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"/>	( ) - -	( ) - -
_____				
Address				
2. _____ Name/Relationship	<input type="checkbox"/>	<input type="checkbox"/>	( ) - -	( ) - -
_____				
Address				
3. _____ Name/Relationship	<input type="checkbox"/>	<input type="checkbox"/>	( ) - -	( ) - -
_____				
Address				

AUTHORIZATION

**I grant Girasol Dual Language Preschool permission to:**

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. \_\_\_\_\_ Parent Signature

Take and use photos and or videos of my child for preschool purposes such as: Newsletters, \_\_\_\_\_  
 ueter dqqm. 'urkf guj qy u'cpf "eqo o wplecvpi 'y kj "o g"cdqw'bo { "ej kf au'f cka { "cevxklgu

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

COMPLIANCE

**I acknowledge that I have thoroughly read the Girasol Dual Language Preschool Parent Handbook. I agree to comply with all policies. A hard copy of the Girasol Dual Language Preschool Parent Handbook may be obtained by contacting our Preschool Director.**

\_\_\_\_\_  
 Parent Signature                      Parent Printed Name                      Date

\_\_\_\_\_  
 Parent Signature                      Parent Printed Name                      Date