

Office Use Only

Registration fee \$50 pd \_\_\_\_\_  
Materials fee \$50 pd \_\_\_\_\_



Together We Make a Difference

# Inspire Me **P**reschool **A**cademy

140 N Lansdowne Ave, Lansdowne, PA 19050 · 484-461-8008 · inspiremelearning@gmail.com

## Registration Form 2020-2021

Infant (1-2 year old) \_\_\_\_\_ Little Learner's (2-3 year old) \_\_\_\_\_ Pre-K Scholars (4-5 year old) \_\_\_\_\_

### Student Information

Enrollment Date: \_\_\_\_\_

Scheduled Days: \_\_\_\_\_

Hours in Attendance: Half Day 8:30-3:00 \_\_\_\_\_ Full Day 8:30-5:30 \_\_\_\_\_

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Child's general health since birth: \_\_\_\_\_

Please list any medical needs (allergies, asthma, etc.) that may require emergency care: \_\_\_\_\_

Signs or Symptoms to look for: \_\_\_\_\_

If signs/symptoms appear, do this: \_\_\_\_\_

Other instructions or comments: \_\_\_\_\_

**Emergency Medical Consent**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, do hereby give permission to the staff of Inspire Me Preschool Academy to secure and authorize such emergency medical care and/or treatment as above-named child might require while under the supervision of staff at Inspire Me Preschool Academy. I further authorize said staff to administer emergency care/treatment as required, until medical assistance is available. I agree to pay all costs and fees contingent of any emergency medical care and/or treatment for said child as secured or authorized under this consent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact/Authorized Pick-Up**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Individuals who are not on this list will not be permitted to pick up your child without written consent from a parent.**

**For the safety of the children, picture ID is required!**

Inspire Me Preschool Academy, LLC.

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