

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 2023-2024

Infant (0-2 year old) _____ Little Learners (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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