



3813 104th St NE Marysville, WA 98271

Registration Form

Expected Start Date _____ Expected Departure Date _____

Which session are you wanting to register for?

- Full Time (9:00 – 12:00) 5 days Monday to Friday
 Part Time (9:00 – 12:00) 3 days Monday/ Wednesday/ Friday
 Part Time (9:00 – 12:00) 2 days Tuesday/ Thursday

Student Information

Full name _____ Middle name _____ Last Name _____

Gender : Male Female Name (Nickname) used _____

Birth Date : Month _____ Day _____ Year _____

Father's Name _____ Mother's Name _____

Home Phone: _____

Address: _____

Health Care No. : _____

Doctors Name : _____

Doctors Phone Number: _____

Parent/ Guardian Information

Father's Name _____ Phone Number _____
Home Address (if different from child's)

Email Address _____
Occupation _____ Place of Employment _____
Work Address _____

Mother's Name _____ Phone Number _____
Home Address (if different from child's)

Email Address _____
Occupation _____ Place of Employment _____
Work Address _____

Emergency Contact Person
Name _____ Relationship _____
Phone Number _____
Address _____

Name _____ Relationship _____
Phone Number _____
Address _____

Other than you, who else has permission to pick up your child?

Name _____ Relationship _____
Phone Number _____
Address _____

Name _____ Relationship _____
Phone Number _____
Address _____

Medical Information

Doctor's Name _____ Phone Number _____

Date of Child's last physical exam _____

Dentist's name _____ Phone Number _____

Health insurance Provider _____

Group Number _____

Member Number _____

Special Health Problems? (YES/ NO) If yes, specify _____

Allergies, Including drug reactions (YES/ NO) If yes, specify _____

Does your child carry an epipen? (YES/ NO) If yes, specify _____ Exp Date _____

Regular medications? (YES/ NO) If yes, specify _____

Other important information (YES/ NO) If yes, specify _____

Is your child fully vaccinated? (YES/ NO)

Is your child toilet trained? (YES/ NO)

What help does your child need during toileting routines?

What does your child indicate the need to use the toilet?

Consent to medical care and treatment of minor children

I give permission that my child _____, may be given first aid/ emergency treatment by the child care licensee and/or qualified staff at Mighty Tree Nature School.

Parent/ guardian signature _____ Date _____

Parent/ guardian signature _____ Date _____

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital and aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I certify under penalty of perjury under the laws of State of Washington that this information is true and correct.

Parent/ guardian signature _____ Date _____

Child Care Agreement

Child's name _____

Parent/ Guardian name _____

Days and Times my child will attend:

Days/ Time	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time					
Departure Time					

Tuition Payment

Full Time		
5 Days	\$ 500	
4 days	\$ 400	
Part Time		
3 Days	\$ 320	
2 Days	\$ 220	
One-time application Fee	\$ 50	
Overtime rate		
Late fee per payment \$ 25		
Apply 5% Sibling Discount		
Apply 5% season payment Discount (3 months)		
Other		
Total		

**The payment is non-refundable.

Date Payment Due: _____ Source of payment: _____

I agree to promptly notify the child care provider of any changes of the above information. I understand that I am fully responsible for the terms of this agreement as stipulated. I have read, understand, and agree to comply with the policy and procedures and information for parent given to me by: Mighty Tree Nature School

Name of Licensee _____

Parent/ Guardian Signature _____ Date _____

I agree to provide child care services according to the above plan. I agree to promptly notify the parents or guardians of any changes to above information.

Licensee Signature _____ Date _____

Photography/ Media

I give permission for my child, _____, to be photographed, or their images recorded for print or electronic use in promoting our school. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the below uses. agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.

(Yes / NO) My child's photo can be used for crafts, in-house programs, and private parents LINE group.

(Yes / NO) My child's photo can be used on Mighty Tree Nature School's website (mightytreenatureschool.com).

(Yes / NO) My child's photo can be used on Mighty Tree Preschool's public Facebook account.

Our classroom/ yard are monitored by video surveillance for security purposes and are not shared with anyone other than Administrators.

Parent Signature _____ Date _____