



# Wee Achievers Preschool Summer Registration Form



Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Father/Guardian's Information	Mother/Guardian's Information
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Phone: _____	Phone: _____

Please list any allergies: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature Date

\*\*\*\*\* FIELD TRIP PERMISSION FORM\*\*\*\*\*

My child \_\_\_\_\_ ( ) may participate ( ) may not participate in scheduled field trips and ( ) has my permission ( ) does not have my permission to carpool with a parent volunteer or teacher

In the event of an emergency, kindly fill in the necessary information below.  
Thank you.

Father: \_\_\_\_\_ contact# \_\_\_\_\_

Mother: \_\_\_\_\_ contact# \_\_\_\_\_

If parents cannot be reached, please call:

Name: \_\_\_\_\_ relationship: \_\_\_\_\_ phone: \_\_\_\_\_

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

### For Office Use Only

Summer Tuition & date received \_\_\_\_\_ (check/money order# \_\_\_\_\_)

Official copy of Student Health Record submitted: (date) \_\_\_\_\_