

Admission Forms (Please complete both pages)
Reading Friends Audrey Fowler, Director

Child's Name _____ Date of Birth _____

Home address _____ City _____ Zip _____

Billing address (if different) _____ City _____ Zip _____

Phone: home _____ Mom cell _____ Dad cell _____

Primary Email Address: _____

Date of Admission _____ Hours and days in attendance _____

Parent's Name (Mom & Dad) _____

Emergency Contact (other than parent) with phone number _____

My child may be released with the following persons _____

Allergies and Sensitivities _____

Admission Requirement:

The following must be presented to Reading Friends within one week of admission:

1. Complete immunization record
2. Wellness statement from health care professional
3. Hearing and Vision screening for children age 4 and up

I understand the following:

1. I understand that if I pick up my child 10 minutes after dismissal, I will be charged \$10.00 and \$1.00 for each additional minute thereafter.
2. I understand that I am welcome to observe or visit the school anytime that I wish, however, discussion of my child's progress or behavior must be in private by appointment. All conferences are oral and in person.
3. Tuition is due on the first of each month. A late fee will be charged if payment is not received in the office by the 10th of each month. No refund of tuition will be given for withdrawal or absence.
4. Parent handbook received.

Parent's signature _____ Date _____

I hereby certify that my son/daughter _____ has my permission to participate in the pre-school program at Reading Friends.

I agree and so hereby waive and release all claim against Reading Friends. And any teacher, employee or other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my son/daughter.

It is understood that this form must be signed by his/her parent or guardian and returned to the school office to be kept on file.

Signature of parent or guardian _____

Child's name _____ Date _____

Emergency Medical Release

I authorize reading Friends to arrange any necessary emergency medical treatment in the event I cannot be reached.

Signature of parent or guardian _____

Child's name _____ Date _____

Physician's name _____ Phone _____

Physician's address _____

Name of Emergency Medical Care Facility _____

Name of insurance carrier _____