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|--------------------------------|-------|
| Office Use- Date/Time Received | _____ |
| First Month Tuition Paid | _____ |
| Membership Current | _____ |
| Immunization Records | _____ |
| Payment Forms Received | _____ |

Fledglings Preschool Registration 2020-21

Child's Full Name: _____

Child's name to be used at school: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Date of Birth: _____ Age September 1, 2020 _____

Parent or Guardian Information

Parent/Guardian One:

Name: _____ Phone: _____

Address if different from child _____

E-mail address: _____

Best phone # during class: _____ Alternate # _____

Place of employment: _____ Occupation: _____

Parent/Guardian Two:

Name: _____ Phone: _____

Address if different from child _____

E-mail address: _____

Best phone # during class: _____ Alternate # _____

Place of employment: _____ Occupation: _____

Other Members of Household

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Additional Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Which class are you interested in for your child? (Circle one):

M-W-F 8:30-12:30 T-Th 8:30-12:30 M-W-F 12:30-3:00 T-Th 12:30-3:00

As the parent or legal guardian of _____, I wish for my child to participate in the Montana Audubon Program "Fledglings Nature Preschool" which will include outdoor field trip experiences. I understand that there are possible dangers associated with the program. I understand that my child's participation in the program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the activity.

I agree that my child is participating in the activity at my own risk, and acknowledge that Montana Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at this site.

I expressly release Audubon, and its officers, directors, employees, agents licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have, including claims for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of my child's appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast, or exhibition thereof, or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by Audubon's negligence, in connection with any aspect of my child's participation in the program or in any related activity, including any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are al true.

Parent/Guardian Signature _____

Print Name: _____

Permission is given to any available duly licensed Doctor of Medicine or member of hospital medical staff to perform emergency treatment under whatever conditions are necessary to preserve the life, limb, or well-being of (child's name) _____ as the physician deems necessary and to continue treatment and procedures until such time as the undersigned shall dismiss him/her or engage another physician. This permission includes admission to one of the local hospitals if the attending physician deems it necessary.

Your name: _____ Signature: _____

Preferred Physician or Hospital and contact information:

Additional comments, allergies, or health considerations:

Payment Method: auto withdrawal on-site
 monthly bill pay from bank monthly credit/debit card invoice

What goals would you and your child like to accomplish at Fledglings Preschool?

How did you hear about Fledglings?

Is your child potty trained? Y / N (must be potty trained and in underwear by the start of school)

Comments: _____

Other general information concerning your child that will be helpful in his/her experience in pre-school (e.g. eating habits, special diets, fears, dislikes, etc.):

Child Pickup

For the safety of your child we ask that you list the names, relation, and contact info for each person that is allowed to pick up your child from the program. Anyone not on this list will not be allowed to pick up your child.

| Name | Relationship | Contact # |
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