



## **Pumpkin Creek Academy**

### Registration Form

**Child's Full Name:** \_\_\_\_\_

**Child's Nickname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Child's Home Address:** \_\_\_\_\_

#### **Parent/Guardian's Information**

**Parent/Guardian's Name:** \_\_\_\_\_

#### **Phone Numbers:**

**Mobile #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

#### **Parent/Guardian's Information**

**Parent/Guardian's Name:** \_\_\_\_\_

#### **Phone Numbers:**

**Mobile #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Child Release Information:** Children may not be released from the school to anyone other than to his/her parent/guardian or a person designated in writing to pick up the child. Those people authorized to pick-up the child will be required to present photo identification until the staff easily recognizes them.

The following persons have my permission to pick up my child:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_



## **Pumpkin Creek Academy**

### **Emergency Medical Authorization**

#### **Emergency Medical Contact Information**

If neither parent nor guardian can be reached in case of an emergency, please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Doctor's office phone: \_\_\_\_\_

Doctor's office address: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Dentist's office phone: \_\_\_\_\_

Dentist's office address: \_\_\_\_\_

Your Hospital of Choice: \_\_\_\_\_

Insurance Company: Child's Insurance Card #: \_\_\_\_\_

Does your child take any prescription medicine daily? If so, describe reason for treatment:

\_\_\_\_\_  
If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for the staff of Pumpkin Creek Academy to obtain whatever treatment may be deemed necessary for:

(Full name of Child) \_\_\_\_\_ (D.O.B) \_\_\_\_\_

**Does your child have any known allergies?**

**Does your child's allergy require an EpiPen?** \_\_\_\_\_

I agree to promptly notify Pumpkin Creek Academy of any changes of the above information. This form is legally binding, so by signing it, I agree that all information provided herein is correct. Providing false information may result in termination of enrollment. I agree to be responsible for all costs related to my child's transportation or medical treatment.

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



**Pumpkin Creek Academy**

**Pumpkin Creek Academy Contract:**

The following is a legally binding contract between Pumpkin Creek Academy Enrichment Program and the parent/guardian:

(Please print parent's full name) \_\_\_\_\_

The Preschool Enrichment Program is to be provided for -  
(Please print child's full name & date of birth)

\_\_\_\_\_

**9 am-12 pm**

2-day enrollment Tue/Th

Monthly Tuition \$270 (a one time \$50 registration/supply fee will be required the first month)

**Tuition is due on the 1st of the month for the upcoming month's tuition.**

A late fee of \$10 per day will apply after the 5th of the month if payment is not received.

Online payment is available on the "pay tuition" page of our website

[www.pumpkincreekacademy.com](http://www.pumpkincreekacademy.com)

**I understand Tuition payments & registration fees are non-refundable.**

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



## **Pumpkin Creek Academy**

### **Pumpkin Creek Academy Participation Authorization**

I, (Parent's full name) \_\_\_\_\_

Give permission for my child: (Child's full name) \_\_\_\_\_

To participate in all activities offered at Pumpkin Creek Academy.

I give my permission for my child to play outside in all seasons and participate in the feeding and petting of the animals at Pumpkin Creek Academy. (The sheep and donkey will be taken care of from outside the fence)

The following physical limitations and/or restrictions apply to my child:

Exposure to nature and the local flora and fauna is an integral part of a healthy childhood and enhances Children's education exponentially. We provide many opportunities to interact weekly with the natural environment during our nature study time. As the parent, I understand the possible risks involved in active outdoor play and the possibility of minor and/or major injuries and I accept full legal responsibility for my child's involvement in such activities.

I understand that climbing, jumping, crawling, swinging, balancing, running, skipping, building and other active gross motor & physical ability enhancing skills are allowed and encouraged at this enrichment program. I understand my child will have many opportunities for active outdoor play. I will not hold Pumpkin Creek Academy Enrichment Program legally responsible for any injuries incurred while participating in the enrichment activities. I also understand that occasional bumps, bruises, splinters, skinned elbows or knees are a possibility with children actively playing outdoors on a regular basis. I understand the risks of active outdoor play in all types of weather and I will make sure my child has the appropriate waterproof outerwear and footwear to participate fully in the daily activities

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



## **Pumpkin Creek Academy**

### **Pumpkin Creek Academy Waiver Hold Harmless Agreement**

I have read and agree to abide by the information in this registration packet.

On behalf of myself, my spouse, and my child I enter into this Hold Harmless agreement with any of the following services: Nature Based Preschool Enrichment Program

**Facility Use:** Subject to this Agreement and other terms as Enrichment Program and Nature Studies for my child which includes use of the facilities, and participation in all active rigorous outdoor play activities.

**Health:** My child is in excellent health and physical condition and has no medical, psychological, behavioral, physical, or mental condition, which has not been disclosed to Pumpkin Creek Academy on my child's registration form. My child does not have any infectious, contagious, or communicable disease and will never be in attendance while suffering the symptoms of a contagious illness.

**Illness:** If my child becomes sick with a contagious illness after visiting Pumpkin Creek Academy and the visit to Pumpkin Creek Academy occurred during the gestation period of such illness, I agree to notify Pumpkin Creek Academy as soon as possible to enable Staff, at its discretion, to notify other families with children who may have been exposed.

**Medical Authorization:** Although Pumpkin Creek Academy does its best to provide a safe environment; I understand that it is possible that my child may get injured during active physical play & activities. If such an event occurs, I authorize Pumpkin Creek Academy to follow its internal procedures, including basic first aid as per the staff's training and comfort level with handling the situation; however, I understand that the owner/director/staff shall not be required to strictly follow those guidelines when, in their judgment, circumstances may not require it. If Pumpkin Creek Academy determines that emergency medical attention is necessary for my child, I authorize Pumpkin Creek Academy to act as an agent for me and give my permission for my child to be attended by emergency medical staff or a physician in such circumstances, as Pumpkin Creek Academy deems necessary.

**Safety/Indemnity:** I agree that Pumpkin Creek Academy may act, if prudent to protect the safety of my child and other children using the services of Pumpkin Creek Academy. I further agree to indemnify, defend and hold Pumpkin Creek Academy, the staff, owners, officers and Waverly Properties LLC harmless from and against all actions, claims, or liability, including Attorney fees and court costs, directly or indirectly caused by me in completing the registration form. I agree to pay any legal fees resulting in a dispute with Pumpkin Creek Academy.



## **Pumpkin Creek Academy**

**Future Visits:** This Agreement, the Enrollment Form and the Release will be kept on file at Pumpkin Creek Academy Enrichment Program and continues to constitute binding legal obligations for any future visits to Pumpkin Creek Academy Enrichment Program . However, this agreement does not obligate Pumpkin Creek Academy Enrichment Program to continue to provide services. Pumpkin Creek Academy Enrichment Program reserves the right to refuse admission to any child or terminate this contract for any reason without liability.

**Payment:** Payment for the Enrichment Program is to be paid in advance. If I wish to discontinue enrollment in our program a 30-day written notice is required.

As a condition to my use of Pumpkin Creek Academy Enrichment Program and their facility, I have accurately completed and signed the Registration Form and Release. I understand that Pumpkin Creek Academy Enrichment Program will rely on this information in caring for my child. I agree to pay all costs and attorney fees arising out of my actions relating to this Agreement, the Enrollment form, or the Release for collection purposes or otherwise.

I HAVE READ THE ABOVE CAREFULLY. I HAVE A FULL UNDERSTANDING OF THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT. I FULLY UNDERSTAND AND AGREE TO ABIDE BY THE POLICIES AND GUIDELINES SET FORTH BY PUMPKIN CREEK ACADEMY ENRICHMENT PROGRAM:

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