



CLASS DAY/TIMES: _____

5603 Quantum Ct
Silverdale, WA 98383

Childs Last Name (please print)	First	Sex	Age	Date of Birth
Home Address		Home Phone(with area code)		
Mailing Address(if different)				
Father		Mother		
Name		Name		
Phone		Phone		
Cell		Cell		
<p>I, the undersigned, give my consent for my child _____ to take part in planned activities, gym classes, excursions, or walks away from the preschool premises, under the supervision of the Preschool staff, Cascade Elite Gymnastic West coaches and association of workers. I hereby release Cascade Elite Gymnastics West and Little Leaps Preschool, the teachers, and coaches of any and all liability from personal injury, property loss and illness during or related to any activities. I agree to give staff written notification if someone other than myself will be picking up my child from Preschool and will include this party's name and phone number.</p> <p>DATE: _____ SIGNED: _____</p>				
Emergency: In case of emergency, if parents cannot be reached, contact:				
Name /Relationship		Phone		
Please respond "yes" or "no" to the following:				
If the above persons cannot be reached, will the Preschool's own arrangements for care be acceptable to you? _____				
May we have your permission to contact a local M.D. in case of emergency? _____				
Physician		Phone		
Does your child have specific health problems about which the staff should be aware? (vision, hearing loss, allergies, etc.) _____				
Financial Responsibility: Name _____				
Signature _____ Date: _____				

EMAIL: _____