



5603 Quantum Ct  
Silverdale, WA 98383

Child's Last Name (please print)	First	Sex	Age	Date of Birth
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Home Address	Home Phone(with area code)
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Mailing Address(if different)

Father	Mother
Name	Name
Address	Address
Name of Employer	Name of Employer
Work Phone	Work Phone
Cell	Cell
Days/Hours of Employment	Days/Hours of Employment

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.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

Emergency: In case of emergency, if parents cannot be reached, contact:

Name	Relationship
Address	Phone
Physician	Phone
Dentist	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? \_\_\_\_\_

Does your child have specific health problems about which the staff should be aware? (vision, hearing loss, allergies, etc.) \_\_\_\_\_

Financial Responsibility: Name \_\_\_\_\_

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

TO HAVE YOUR APPLICATION PROCESSED, PLEASE ATTACH A NON-REFUNDABLE \$50.00 REGISTRATION FEE



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