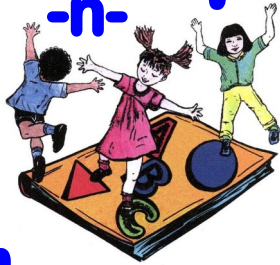


Leap



Learn Preschool

Preschool Registration Form 2024-2025

Child's Last Name _____ Child's First Name _____

Nickname or name we should use at school _____ Male / Female (Circle One)

Home Phone # _____ Date of Birth _____ Current Age _____

Address _____ Apartment Number _____

City _____ State _____ Zip _____

Parent / Guardian's Name _____ Home # _____ Cell # _____

Work # _____ Address if different from Child's _____

Parent / Guardian's Name _____ Home # _____ Cell # _____

Work # _____ Address if different from Child's _____

Email Address _____ 2nd Email Address _____

Adult Emergency Contact Name (other than parent) _____ Home # _____

Work # _____ Cell # _____ Relationship to Child _____

2nd Adult Emergency Contact Name (other than parent) _____ Home # _____

Work # _____ Cell # _____ Relationship to Child _____

Are ALL the parents, guardians or emergency contacts listed above, authorized to pick up your child from Leap -n- Learn Preschool? Yes ___ No ___ If no, please explain. _____

****Other than those persons listed above, please list any other individuals who are authorized to pick up your child from Leap -n- Learn Preschool.****

Name _____ Home # _____ Work # _____ Cell # _____

Name _____ Home # _____ Work # _____ Cell # _____

Name _____ Home # _____ Work # _____ Cell # _____

Name _____ Home # _____ Work # _____ Cell # _____

Please note that any person picking up a child from the Leap -n- Learn Preschool may be asked to show a photo I.D. to verify identity.

Do you or your child have any concerns or fears related to their time at preschool? (such as—fear of the dark, storms, restroom issues, bugs, animals, etc.) _____

For Office Use Only:

Lamb *AM*

PM

Lizard *AM*

PM

Leopard *AM*

PM



Academy Location: 5720 Maplecrest Road, Fort Wayne, IN 46835

Mailing Address: 5728 Maplecrest Road, Fort Wayne, IN 46835 ~ Telephone: (260)485-2524

We are very sensitive to the safety and well being of your child. We ask that you be on time when picking up your child, and in the event of an emergency, weather related problem or other unforeseen event that would keep you from picking up your child on time, please telephone Leap –n– Learn Preschool as soon as possible. Please be advised that your child will NOT be released to anyone other than the persons that you specified on the front of this form. It is paramount that we know who has the authority to pick up your child, as our child release policy will be strictly adhered to and enforced. Your signature below states that you fully understand our pick up and release policy and will comply with said policy for the duration of your child's enrollment at Leap –n– Learn Preschool.

Parent / Guardian's Printed Name: _____ Parent / Guardian's Signature: _____ Date: _____

By attending this preschool, I grant permission for my child to be filmed, videotaped, audiotaped, or photographed by any means and grant full use of such likeness, voice, or words to be used without compensation. (Parent / Guardian's Initials) _____

Medical Information and Release

Name of Child's Doctor _____ Phone # _____ Name of Child's Dentist _____ Phone # _____

Is your child current on his/her immunizations? Yes / No If no, please explain _____

CHECK ANY OF THE FOLLOWING THAT APPLY TO YOUR CHILD

- Heart Condition High Blood Pressure Headaches Diabetes Asthma/Breathing Disorder
 Back or Joint Problems Broken Bones Other medical condition that may hinder or be aggravated by physical movement
 Allergies—If yes, please list allergies _____

Please note that there will be times when food will be present in our academies. If your child has ANY food allergies they MUST be listed above.

Explain any conditions checked above: _____

Does your child carry any emergency treatments, such as asthma inhalers, emergency epi-pens, shots, etc. ? If so, list and describe usage. _____

Does your child wear glasses? Y / N Will he/she be wearing them during class? Y / N

By the very nature of physical activities, there carries a risk of physical injury. No matter how careful the students and instructors are, no matter what height of landing surfaces exists, the risk of injury cannot be eliminated. The risk of injury includes, but is not limited to, minor injuries such as bruises and more serious injuries, such as broken bones, dislocations and muscle pulls. URAWINNER, INC. (dba) Leap –n– Learn Preschool, Gymnastics in Motion, and Starz Dance Academy is not responsible for providing medical / accident insurance. Parents are advised to provide adequate coverage for their child while enrolled in this activity. In the case of an emergency involving your child, it is the policy of URAWINNER. INC. (dba) Leap –n– Learn Preschool, Gymnastics in Motion, and Starz Dance Academy to render first aid treatment while contacting the parent or guardian for further instructions. Only after reasonable efforts have been made to reach the parents without success will we call a doctor, and only in extreme cases will your child be taken to a hospital.

In the event of an emergency, I (parent or legal guardian's full name) _____ do hereby give my consent for my child (child's full name) _____ to be taken to the nearest hospital or emergency facility by the staff of URAWINNER, INC. (dba) Leap –n– Learn Preschool, Gymnastics In Motion, and Starz Dance Academy. I also hereby give my consent for my child (child's full name) _____ to receive medical treatment and attention in my absence. I HAVE READ AND UNDERSTAND ALL OF THE ABOVE MEDICAL INFORMATION AND RELEASE AND HAVE ANSWERED ALL QUESTIONS HONESTLY AND TO THE BEST OF MY ABILITY.

Parent / Guardian's Printed Name: _____ Parent / Guardian's Signature: _____ Date: _____

Payments

I have enrolled my child, (child's full name) _____ in Leap –n– Learn Preschool. I understand that tuition payments are due on the **first of each month** and that there will be a \$15.00 late fee charged per account for payments received after the 1st of the month. (Parent / Guardian's Initials) _____

I also understand that there is a \$60.00 non-refundable registration fee and \$60 non-refundable supply fee due upon enrollment. If I withdraw from the program for any reason and then re-enroll, another registration fee will be charged. There is a \$30.00 service charge / fee due if your bank or financial institution returns a check for any reason. There are no refunds for days missed due to weather, vacation, holidays or illness. Monies paid for classes are non-refundable and non-transferable. (Parent / Guardian's Initials) _____

Delinquent Accounts

I understand that URAWINNER, INC. (dba) Leap –n– Learn Preschool, Gymnastics In Motion, and Starz Dance Academy will not permit account(s) to go over two (2) weeks past due. In the event that this happens, I understand that a child may be immediately removed from all active student rosters. This opening in the active student roster may be filled with another student without prior notice or consideration for the student whose account is delinquent. (Parent / Guardian's Initials) _____

Withdrawal Policy

I understand that I must give at least **TWO (2) WEEKS WRITTEN NOTICE** to withdraw from class(es). If I do not, I will be charged for the entire month. I understand that if I do not inform the office of my intent to withdraw **IN WRITING** and a position in a class or classes is being held in my child's name, I will be charged for the following month's tuition. (Parent / Guardian's Initials) _____

Waive and Release

Whereas (I) the undersigned (printed name of parent or guardian) _____ have requested that my son / daughter, namely, (print child's name) _____ participate in all activities associated with and connected to URAWINNER, INC., (dba) Leap –n– Learn Preschool, Gymnastics In Motion, and Starz Dance Academy, and whereas it is in consideration for the education of my child in the efforts of the instructor, supervisor or any persons engaged and who will be engaged in the said activities of URAWINNER, INC., my promise and agreement to release, hold harmless and otherwise indemnify said persons for any demand of claim arising from or in conjunction with this activity. This **WAIVES / RELEASES** the corporation, or directly around the corporation, or in other places so designated URAWINNER, INC. as the class performances, parades and other outside activities.

NOW, THEREFORE, IT IS AGREED BY THE UNDERSIGNED:

For and in conjunction with and in consideration of the aforesaid efforts and undertaken (I) / (My) heirs and assigns have and may have, against any or all of the instructors, supervisors, or other persons engaged in the activities of gymnastics or dance classes. And (I) do further indemnify and agree to hold harmless said, URAWINNER, INC. and any other persons arising from, therefore, through, or in conjunction with the mutual agreement of lessons. I understand that a child may suffer possible severe injuries, paralysis, or death as a result of participation in any physical activity. With full knowledge of this fact and possible occurrence, I give my consent for my child to participate in the activities at Leap –n– Learn Preschool.

I have read the above Payments, Delinquent Accounts, Withdrawal Policy and Waive and Release Agreements and do hereby agree to all terms and conditions therein.

Parent / Guardian's **Parent / Guardian's**
Printed Name: _____ **Signature:** _____ **Date:** _____

How did you hear about our preschool program? _____

FOR OFFICE USE ONLY

Initial upon receipt of: Leap –n– Learn Preschool Handbook _____ Receipt _____
Student is currently enrolled in (day of the week) _____ classes, in the morning / afternoon session.
Notes or other information: _____