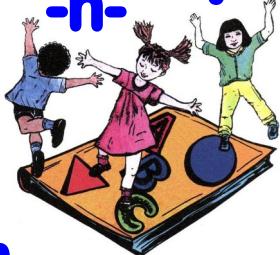


# Leap -n-



# Preschool Registration Form

## 2026-2027

# Learn Preschool

For Office Use Only:

Lamb  AM

PM

Lizard  AM

PM

Leopard  AM

PM



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.) \_\_\_\_\_



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: \_\_\_\_\_ 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) \_\_\_\_\_

I give my permission for images/video of my child to be included in the End of Year LNL video. (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: \_\_\_\_\_ 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

Printed Name: \_\_\_\_\_

Parent / Guardian's

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

How did you hear about our preschool program?  
\_\_\_\_\_

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### 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: \_\_\_\_\_

URAWinner, Inc. (dba) Leap -n- Learn Preschool, Gymnastics In Motion, & Starz Dance Academy