



## PARENT AUTHORIZATIONS

STUDENT NAME \_\_\_\_\_

### MEDICAL/EMERGENCY:

In case of emergency, Amiguitos! Preschool will first contact the parents. If parents cannot be reached, contact the following EMERGENCY CONTACT OTHER THAN PARENTS:

NAME/RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

NAME/RELATION \_\_\_\_\_ PHONE \_\_\_\_\_

If neither parents nor emergency contact is accessible, contact the following physician:

PHYSICIAN \_\_\_\_\_ CLINIC \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICAL/OTHER INFORMATION \_\_\_\_\_

For minor injuries, Amiguitos staff may apply as needed:

Bactine/Antiseptic Wash     Antibacterial cream     Witch hazel     Sunblock

In case of an accident or illness involving the child listed above, I authorize Amiguitos! staff to call an ambulance or take a child to an available physician or medical treatment facility to obtain emergency medical treatment. If possible, at the following facility \_\_\_\_\_.

### PHOTOGRAPHS:

As your child participates in our program, we would like to take some pictures. Pictures are shown at our end of year festival, Amiguitos Facebook page, Amiguitos website, Amiguitos instagram, and put in an Amiguitos only private Snapfish account. I give consent for my child to be photographed.

khk  YES     NO

Parent/Guardian Signature \_\_\_\_\_ DATE: \_\_\_\_\_

UPDATED information:

Guardian/Parent Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Amiguitos! Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies and other school-administered programs.



## EASTSIDE STUDENT REGISTRATION 2024-2025

TODAY'S DATE \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE ON 1<sup>ST</sup> DAY OF ATTENDANCE \_\_\_\_\_

PLEASE CHECK THE DAYS AND TIMES YOUR CHILD WILL BE ATTENDING

M  T  W  TH  F  9-1  9-3  9-5:30

Reminder: 8-9am option is available for additional monthly cost

PARENTS/GUARDIANS:

Parent1-FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
PHONES- HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_  
EMAIL \_\_\_\_\_  send newsletter here

Parent2-FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
PHONES- HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_  
EMAIL \_\_\_\_\_  send newsletter here

Amiguitos will share ONLY your email to other Amiguitos families unless you decline in writing.

LANGUAGES SPOKEN AT HOME \_\_\_\_\_

SIBLINGS-NAME \_\_\_\_\_ AGE \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_  
NAME \_\_\_\_\_ AGE \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_

INDIVIDUAL'S NAME - **OTHER THAN PARENTS** - AUTHORIZED TO PICK UP MY CHLD

Signatures and Driver license numbers to be gathered by Amiguitos staff upon child pick up.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DL# \_\_\_\_\_  
NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DL# \_\_\_\_\_  
NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DL# \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR SCHOOL? (CIRCLE ONE)

WEBSITE PHONE BOOK FRIEND OTHER \_\_\_\_\_

### TO BE COMPLETED BY STAFF

ASSIGNED TO GROUP: Grupo Morado Grupo Verde Grupo Azul Pre-Kindergarten Grupo Azul Kindergarten

NON REFUNDABLE registration/material fee (\$250) Check # \_\_\_\_\_ Date received \_\_\_\_\_

Fee Payment Agreement completed  Getting to know our students completed

Immunization Record received  First day of attendance \_\_\_\_\_

Last day of attendance REASON\* **\*CP**-completed program **M**-moved **FD**-financial difficulty **O**-other