



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 Remini account. I give consent for my child to be photographed.

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 2025-2026

TODAY'S DATE _____

CHILD'S FIRST NAME _____ LAST NAME _____
DATE OF BIRTH _____ AGE ON 1ST 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 + 8-9am

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 Rosa Grupo Verde Grupo Azul Pre-Kindergarten Grupo Azul Kindergarten

NON REFUNDABLE registration/material fee (\$200) 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