2024-2025



FOR OFFICE USE ONLY Reg. Amount
Cash
Check #
01100K #
Start Date

Please indicate class choice:

Please register your child for the appropriate class based	d on your child	d's age as of A	ugust 31.	
TWO YEAR-OLDS, 9-1	PRE-KINDERGARTEN (4 yrs), 9-1			
☐ 2-day (\$250/mo.) □ 3-day (\$300) □ 5-day (\$375)		☐ M-F (\$375/mo.)		
THREE-YEAR-OLDS, 9-1		KINDERGAR	RTEN (5 yrs), 9)-1
☐ 3-day (\$300/mo.) □ 5-day (\$375)		□ M-F (\$,	
Child's Name				Female
Prefers to be called	Bii	rthdate		
Address			Zip Code	<u>. </u>
Other school(s) attended				
How did you hear about Peas in a Pod?				
Parent Information:				
Name				
Address (if different)	Address (if different)_			
Cell #	Cell #			
E-mail	E-mail			
Employer	Employer			
Siblings and Ages	1			

have permission to pick your child up	unless otherwise noted.	
Name	Phone	
Relationship		
Name	Phone	_
Relationship		
Special Medical Information (i.e., foo	od allergies, chronic conditions)	
Important Information to share with	your teachers:	
Any pronounced difficulties or concer disabilities), difficulties getting along v	rns? Examples – separation anxiety, medical problems (in with peers, etc.:	ncluding physical
Please include anything else that you	would like to share about your child, or expectations that	at you may have:

In an emergency, if neither parent can be reached, we will call contacts as listed below. These people also

must accompany this registration form, and that these are non-refundable.					
Parent's Signature		Date			
		n your doctor should be submitted before sch	ool begins.		
Your doctor's office may	email the information to g	<u>lebbie@peaspreschool.com</u> .			
MEDICAL CONSENT A	ND LIABILITY RELEASE	2024-2025			
from any liability or fault attendance of the school day that your child is in a your child for any acciden considered necessary. The	due to any accident or illn Be it further agreed that settendance, permission to got or illness in the event the decision that treatment or hereby relieve any and a	do hereby relieve Peas in a Pod and a ess that may occur to him/her while he/she is taid parents give any and all employees in charant to any and all medical personnel the right said parent(s) cannot be reached before tres necessary will be based on the opinion of a lemployees of Peas in a Pod of any liability in	in rge on that t to treat atment is icensed		
Parent Signature:		Date:			
PHOTO RELEASE FOR	M 2024 - 2025				
page or website) purpose	es. These photographs will	ren will be taken for educational and publicity be representative of the enriching experience or school with other families interested in join	s offered to		
Please check your choice:					
I Do	or	I Do Not			
as for use on online classi	room and school commun	r use in school/church publications/presentati ty newsletters (accessed only by school comm dicable for current as well as future projects fo	unity) and		
Parent Signature:		Date			

**I understand that a registration fee of \$90 (\$70 for each additional sibling) and the first month's tuition