



Apple Academy Preschool

Please include \$15.00 deposit

Registration Form

Student Info

Full Name _____ Birth Date _____

Parent/Guardian Info

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Contact Phone _____

Allergies or limitations _____

I will, to the best of my ability, ensure the safety of your child at all times, while he or she is attending Apple Academy Preschool.

Teacher Signature _____ Date _____

By signing this registration form, I acknowledge that there are certain risks inherent in my child participation in school or activities away from home. I hereby release Apple Academy Preschool, and I assume all risk of danger and or personal injury occurring before, during, or after preschool.

Parent/Guardian Signature _____ Date _____