

Morningside School Inc.

220 North 100 East, Logan, UT 84321 435.753.1001
www.morningsidepreschool.com www.morningsidekindergarten.com

APPLICATION & REGISTRATION INFORMATION PREFERRED SCHEDULE \_\_\_\_\_

I (we) request enrollment of the named child and supply information and consents as follows:

Child's Full Name \_\_\_\_\_
Preferred Name (or Nickname) \_\_\_\_\_ Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN 1
Full Name \_\_\_\_\_
Address \_\_\_\_\_
Address \_\_\_\_\_
Phone #: Home \_\_\_\_\_
Work \_\_\_\_\_ Cell \_\_\_\_\_
Occupation & Employer \_\_\_\_\_
Business Address \_\_\_\_\_
Email \_\_\_\_\_

PARENT/GUARDIAN 2
Full Name \_\_\_\_\_
Address \_\_\_\_\_
Address \_\_\_\_\_
Phone #: Home \_\_\_\_\_
Work \_\_\_\_\_ Cell \_\_\_\_\_
Occupation & Employer \_\_\_\_\_
Business Address \_\_\_\_\_
Email \_\_\_\_\_

Siblings and others living in your home: Please list ages, relationship, and special circumstances.

\_\_\_\_\_
\_\_\_\_\_

Referred by & Morningside connection (if any):

\_\_\_\_\_

Does the child have any allergies, impairments or conditions? \_\_\_\_\_ If yes, explain, also describe special needs and requests. Please attach an additional sheet if necessary.

\_\_\_\_\_
\_\_\_\_\_

In case of illness, who can we contact if the child's parents cannot be reached?

Table with 4 columns: Name, Home #, Work #, Cell #. Contains three rows of contact information.

The following are authorized to pick up the child:

Table with 5 columns: Name, Relationship, Home #, Work #, Cell #. Contains three rows of authorized pickup information.

I (We) consent to allow this child's name, photograph or video to be used for news media, educational, statistical and promotional programs in print and Internet media, (delete non-consented words). I (we) agree to update and supply added information in writing as appropriate. I (we) acknowledge and agree to pay interest of 1 1/2 % per month (18% PER ANNUM FINANCE CHARGE) on past-due accounts, reasonable attorney fees if collection of any balance is undertaken and pay \$20 processing fee on each returned check.

\_\_\_\_\_  
Father's (Guardian's) Signature (Relationship) Date \_\_\_\_\_

\_\_\_\_\_  
Mother's (Guardian's) Signature (Relationship) Date \_\_\_\_\_