



CHENEY ABC PRESCHOOL

2023-2024 REGISTRATION FORM

Please note: A \$50.00 one-time, non-refundable registration fee is due at the time of registration.

Child's Full Name: _____ Birthdate: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Please list any allergies or health issues: _____

Please list any developmental concerns: _____

Emergency Contact Name ~ (please list someone other than parent(s):

Emergency Contact Phone: _____ Relationship: _____

Please list any additional adults that are authorized to pick up:

Preferred Class Choice:

_____ Preschool 1 (Tuesdays & Thursdays ~ 9:00 am-11:15 am ~ \$)

_____ Preschool 2 (Tuesdays & Thursdays ~ 12:15 pm-2:30 pm)

_____ Preschool 3 (Mon, Wed & Fridays ~ 9:00 am-11:30 am)

***** PLEASE READ AND SIGN PAGE 2 OF THIS REGISTRATION FORM *****

Payment and Parent Handbook Agreement

I understand and agree to the price structure and payment guidelines in the Cheney ABC Preschool Family Handbook. I have also read and agree to follow the Parent Handbook guidelines as written.

Medication Management & Emergency Medical Care Notice

Cheney Parks and Recreation staff are unable to administer any type of medication, except for rescue medications. It is up to the parent/guardian to administer medication before or during our programs (this includes over the counter medications). As a parent or legal guardian, I authorize a licensed physician or licensed dentist to examine the above-named student and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the Recreation Department to send the above-named student to the hospital, doctor, or dentist most accessible.

Authorized Pick-Up Notice

If I or another parent/guardian changes the drop off and pick up arrangements, a written note or advance notice will be required. If someone other than a listed or arranged person comes to pick up a child, the child will not be released. I understand that if an emergency occurs and I am unable to pick up my child on time, I will call the Recreation Department at 509-498-9250. A late charge may be assessed and must be paid to the Recreation Department office before the next program date. If habitual late pick-ups persist, my child may be released from the program.

Assumption of Risk Statement

I understand that I hereby assume myself/my child, all risks, and hazards of the conduct of this city sponsored program and release for myself/my child, my heirs, executors, and administrators, any and all claims and rights for damages I/my child may have against the City of Cheney; any participating agencies, employees and volunteers connected with the program. I specifically hold harmless the City, its officers, officials, employees and volunteers from and against all claims, suits, actions or liabilities for injury or death of any person; or for loss or damage to City property, which arises out of the use of City property or from any activity, work or thing done, in or about City property, except only such injury or damage as shall have been occasioned by the sole negligence of the City.

FOR OFFICE USE ONLY:

Reg Form Rec'd: _____

Reg Fee Paid: _____

SIGNATURE OF PARENT/GUARDIAN:

DATE SIGNED: _____
