



Registration Form

Child's Full name _____ [] Boy [] Girl Birth date: _____

Mother's _____ Father's _____ Full Name

Address _____ City _____ zip _____

Telephone# _____ Cell# _____ Other# _____

Parents email addresses _____

Brothers & Sisters Names/Ages _____

Class Request or Special Needs _____

Enrollment is limited to a first-come basis. Class choice is available depending on room.

In compliance with Americans with Disabilities Act, Love 2 Learn Preschool will make all *reasonable* efforts to accommodate persons with disabilities so long as all financial arrangements and hiring of special needs teachers, caregivers, interpreters and any other financial obligations are first met and discussed with Love 2 Learn owner.

What would you like to see happen for your child?

Please tell us about your child:

Use reverse side if necessary

Waiver & Release of all Claims

- As a participant or parent/guardian of participant in Love 2 Learn Preschool/ Tumbling/ Activities I recognize that there are risks of physical injury and I voluntarily agree to assume the risks, regardless of severity, that my child may sustain while participating
- I further agree to waive any and all claims I or my child may have as a result of participating in these programs against Love 2 Learn Preschool/Tumbling/Activities or its officials, agents, volunteers, and employees.

I have read and fully understand the above Waiver & Release of all Claims.

Signature of Adult/Parent/Guardian 18 years of age or older

Date