

# The Creative Arts Summer Camp & Preschool

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406-579-7692

## Preschool Contract & Registraton

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_

Special Needs/Restrictions: \_\_\_\_\_

\*\* Please return this form along with a non-refundable \$200 tuition deposit to secure your child's spot.  
Venmo: Erin Hansard @Creative-Arts-Preschool

### Summer Art & Nature Camp:

- 1) Requested Days: (please circle)    **M**    **T**    **W**    **Th**    **F**  
2) Program Hours:                    9-12                    9-3  
3) Age group:            Preschool    K-3rd  
4) Desired Weeks: (Please circle)

Weeks	Theme	Date
1	Exploring Art Styles	June 13-17
2	Birds of Montana	June 20-24
3	Fish of Montana	June 27- July 1
	No School	July 4-8
5	Artist Studies	July 11-15
6	Animals of Montana	July 18-22
7	Mountains	July 25-29
8	Water	August 1-5
9	Nature	August 8-12
	No school	August 15-26

### Preschool:

Requested Days: (please circle)    **M**    **T**    **W**    **Th**    **F**

Start Date: (School year begins August 29th) \_\_\_\_\_

Program (please circle):            **Half Day** 9-12            **Full Day** 9-3

Child lives with: \_\_\_\_\_

1) Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_ Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

**2) Parent or Guardian:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Email: \_\_\_\_\_ Security Number: \_\_\_\_\_  
Employer: \_\_\_\_\_

\*\*Social Security numbers are required for use in a medical emergency when a parent cannot be reached.

**Other persons authorized for child pick up (must present a photo ID):**

**1) Name:** \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**2) Name:** \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Please tell us something special about your child.**

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**Is there anything you can tell me that will help with your child's development while here at our preschool?**

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**Is your child toilet trained?**

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**Medical Information**

Child's Full Name: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_

Group ID #: \_\_\_\_\_

**Health History**

Does your child have allergies? If yes, please explain: \_\_\_\_\_

Please check any of the below items that your child has experienced in the past:

Anemia \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Mumps \_\_\_\_\_

Rubella \_\_\_\_\_ Measles \_\_\_\_\_ Ear problems \_\_\_\_\_ Eczema \_\_\_\_\_

Seizures \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Pneumonia \_\_\_\_\_ Surgery \_\_\_\_\_

Hospitalization \_\_\_\_\_ Reaction or other \_\_\_\_\_

Please explain any of the checked items: \_\_\_\_\_

Has your child ever been diagnosed or shown signs of any of the following that may be of concern? Coordination \_\_\_\_\_ Sleeping \_\_\_\_\_ Learning Disabilities \_\_\_\_\_

Behavior issues speech or hearing vision impairment \_\_\_\_\_ Eating \_\_\_\_\_ Other \_\_\_\_\_

Please explain any of the checked items: \_\_\_\_\_

Is your child currently seeing a specialist? (therapist, counselor, speech therapist, OT, PT etc.) Please list their names and contact information. \_\_\_\_\_

## Media Release

I \_\_\_\_\_ the undersigned parent hereby consent to the use of my child's \_\_\_\_\_ photograph and/or likeness for the commercial, entertainment, and any other such purposes utilized by, or uses licensed by The Creative Arts Preschool Inc. for any use, sales, or promotional reasons, thus waiving The Creative Arts Preschool Inc., Bozeman Dance Academy, or any said buyer from any liability or claims whatsoever for said use(s).

## Medical and General Release

By signing on the below line I \_\_\_\_\_ as the parent or guardian of \_\_\_\_\_ the student, agree that I have been informed of and have read and agree to the Parent Handbook for The Creative Arts Preschool Inc. which has been provided for me and is also posted on [www.creativeartspreschool.org](http://www.creativeartspreschool.org) and within the preschool/ dance studio facility in its' entirety and agree to adhere to the above stated guidelines of The Creative Arts Preschool Inc., Bozeman Dance Academy. I understand that participation in dance classes and various other forms of rigorous activity (excluding all forms of gymnastics or tumbling) with The Creative Arts Preschool Inc. and Bozeman Dance Academy, is at my and my child's own risk and that neither The Creative Arts Preschool Inc., Bozeman Dance Academy is responsible for any expulsion from the program, injury or illness that may occur. On behalf of myself and my child I accept these risks and waive and forever discharge The Creative Arts Preschool Inc., Bozeman Dance Academy, and its employees, officers, agents, independent contractors, and successors and assigns from all causes of action or claims. Nothing herein shall be construed as a release of any cause of action for fraud, willful injury, or willful or negligent violation of the law. In case of emergency if neither parent can be reached, I give my permission for my child to be treated at the nearest medical facility. I also realize that is my responsibility to update and inform The Creative Arts Preschool Inc of any changes to my contact, medical or other such pertinent information. I also agree to never pick up my child(ren) under the influence or to be suspected of being under the influence of drugs or alcohol. I also understand that The Creative Arts Preschool Inc., Bozeman Dance Academy are bound by law report any suspected child abuse and neglect.

**Print Parent/s Name:** \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Child's Name:** \_\_\_\_\_

## Forms to Turn in/Please check off to insure completion

- ( ) *State of MT Emergency Contact and Parental Consent form* ( ) *Registration Form*  
( ) *State of MT Certificate of Immunization*