



Kasha Academy
"A Start to Greatness"
 Nursery School Registration

_____ Date

Child's Information

Child's Name _____ Birth date _____ Age _____

Address _____

Siblings and their ages _____

Previous preschool/daycare experience _____

Elementary school child will be attending in 20____/20____

How did you hear about Kasha Academy? _____

Let us know a little about your child. _____

Parent Information

Parent(s) Name _____ Email Address _____

Home phone # _____ Cell phone # (_____) _____

_____ Cell phone # (_____) _____

Employer _____ Business phone # _____

Employer _____ Business phone # _____

Emergency Contact (other than parents)

1. _____
 Name _____ Relationship to child _____

Phone # _____ Alternate phone # _____

2. _____
 Name _____ Relationship to child _____

Phone # _____ Alternate phone # _____

Authorized Pick-Up Persons (other than parents)

1. _____
 Name Relationship to child

 Phone # Alternate phone #

2. _____
 Name Relationship to child

 Phone # Alternate phone #

Medical Information

Health Insurance Company Policy No.

 Doctor Phone #

 List all allergies (including food) and dietary restrictions. _____

 List any restrictions of activity. _____

 Please list any medications used daily by your child. _____

Session Selection

Select the session(s) you wish to enroll your child:

- 2 year old - 2 days (T/Th)
- 2 year old - 3 days
- 3 year old – 3 days (M/W/F)
- 3 year old – 5 days (M-F)
- 4 year old – 3 days (M-F)
- 4 year old – 5 days (M-F)

Please include a **nonrefundable registration fee** of \$50 with this form. Payment for September is due at parent orientation. All returned checks will be subject to a \$35.00 bank fee. Please make check payable to **Kasha Enterprises, Inc.** and mail to Kasha Academy, 243 West Main Street, Sayville, NY 11782. **NO REFUNDS OF ANY KIND (ILLNESS, INJURY, VACATION, DISMISSAL DUE TO BEHAVIOR, OR ANY OTHER REASON CAUSING A CHILD'S WITHDRAWAL)** Please feel free to contact us at (631) 678-2212 or Email – info@kashaacademy.com.

Parent's signature Date

I, the minor's parent and/or legal guardian hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless Kasha, their respective Administrators, directors, agents, officers, members, volunteers and employees (each considered a "releases" herein) from all liability, claims, demands, losses, injuries resulting from the participant's participation in connection with the program or damages caused or alleged to be caused in whole or in part by negligence and I further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement I, or anyone on my behalf or that of my minor, make a claim against any of the "releases", I will indemnify, save and hold harmless each of the "releases" from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as the result of such claim.

Treatment: In the case of a medical/surgical emergency; I hereby give permission to any medical personnel selected by the camp staff to secure treatment.

Medical Insurance: I understand and agree that it is my responsibility to provide accident and health coverage for my child(ren) while they are attending Kasha. Authorization for use of photograph/video use of any pictures, text and/or videos of me and/or my child(ren) may be used for advertising and marketing without any compensation. I have asked any questions I have about policies and operations and have had them answered to my satisfaction. I hereby agree to all terms and conditions set forth above and consent to my child(ren) participation in activities.

NO REFUNDS OF ANY KIND (ILLNESS, INJURY, VACATION, DISMISSAL DUE TO BEHAVIOR, OR ANY OTHER REASON CAUSING A CHILD'S WITHDRAWAL). Tuition holds your child's spot and pays for salaries, insurance, supplies, special events and activities.

Parent's signature Date

FOR OFFICE USE ONLY: Pmt Received: ___/___/___ Cash/Check #: _____ Amt Received: \$ _____ Initial: _____