

Little Wing Bilingual Preschool

451 Los Coches St, Milpitas, CA 95035 (408) 90-WING-0 wingeducare.com

Application Form

Please complete one application form per child and please fill it clearly:

Student Full Name _____ Nickname _____

Date of Birth _____ Current Age _____ Gender M / F

Home Address _____ City _____ Zip _____

Home Phone _____ Referral Name (if any) _____

Mother's Name _____ Cell _____ Email _____

Father's Name _____ Cell _____ Email _____

Guardian's Name _____ Cell _____ Email _____

Registration Fee: \$100 (not refundable). Please make check payable to “Wing MCAA”

Program Selection (**Circle all applicable**)

Class	Preschool-2 (2 years old)		Preschool-3 (3 years old)		Pre-K (4 years old)	
Session	Full Day (8am-6pm)			Half Day (8am-12pm)		
Days of Week	___ days	Mon	Tue	Wed	Thur	Fri
Start Date	/ /		Lunch Need: Y / N		Extend Care: Y / N	

This application form does not guarantee enrollment as the space is limited. If the registration is full, you may be placed on a waiting list. We will inform you as space is available. Once you are informed for available space, you will need to submit all enrollment forms in the Registration Packet within 48 hours to accept the space allocation. Otherwise, you will be put back into the end of waiting list again.

Parent/Guardian Signature _____ Date _____

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Parent Agreement

I, (Name of parent/guardian) _____, have read all Little Wing Bilingual Preschool policies. I agree to pay each Month's tuition/class fees and follow the school policies. I understand that failure to pay tuition/fees by required due date will result in termination from Little Wing Bilingual Preschool. I have also agreed to sign the following liability release statements.

I here authorize my signed child, (Name of student) _____, to participate all Little Wing Bilingual Preschool Indoor and outdoor program activities, including annual events/parties, field trips etc. By signing this agreement, I do hereby release, forever discharge and agree to hold harmless to Little Wing Bilingual Preschool, and their president, directors, administrators, teachers, contractor, employees / agents thereof from and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses or any nature whatsoever which may be incurred by the undersigned and the participant while said person is participating in the above described activities. The undersigned further hereby agrees to hold harmless and indemnify said school / corp, president, directors, teachers, contractors, employees /agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

I here gives permission to seek whatever medical attention is deemed necessary, and releases, Little Wing Bilingual Preschool and persona of any liability against personal losses of signed child. In the event treatment is required which a physician and / or hospital personal refuses to administer without consent, I hereby authorize persons of the Little Wing Bilingual Preschool to give consent for me, and I agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided by me is accurate and will, to the best of my knowledge, still be in force for the signed child named above at the time of the Event.

I / We give permission for pictures of my /our child taken during this Event to be used for advertising at the Little Wing Bilingual Preschool and on the website at <http://www.wingeducare.com>. My / Our child's name will not be included in any posting of the pictures.

Parent/Guardian Signature _____ **Date** _____