

KENNESAW MOUNTAIN NATURE PRESCHOOL

1572 Greens Chapel Rd NW
 Kennesaw, GA 30152
 (678) 224-1595
angie@kmmaturepreschool.com



KMNP SUMMER CAMP 2019 REGISTRATION FORM			
Summer Camp Week(s): (Circle All Registering)	June 10 – 14	June 17 – 21	June 24 – 28
CHILD INFORMATION (EXACTLY AS IT APPEARS ON BIRTH CERTIFICATE)			
Last Name:			
First Name:			
Middle Name:		Name Suffix:	
Age at School Start:	D.O.B. (M/D/Y):	()M ()F	
Home Address:			
City:	State:	ZIP Code:	
PARENT 1 INFORMATION			
Last Name:	First:	MI:	
Current address (If different from child):			
City:	State:	ZIP Code:	
Home/Cell Phone: ()	Personal E-mail:		
Current employer:	Job Title:		
Work Phone: ()	Work E-mail:		
Work Address:			
City:	State:	ZIP Code:	
PARENT 2 INFORMATION			
Last Name:	First:	MI:	
Current address (If different from child):			
City:	State:	ZIP Code:	
Home/Cell Phone: ()	Personal E-mail:		
Current employer:	Job Title:		
Work Phone: ()	Work E-mail:		
Work Address:			
City:	State:	ZIP Code:	

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CHILD'S MEDICAL		
Physician Name:		Phone:
Date of Last Full Health Screening:		
Known medical conditions, allergies, or dietary restrictions:		
Insurance Provider:		Phone:
MEDICAL EMERGENCY STATEMENT		
I hereby give Kennesaw Mountain Nature Preschool permission to take my child, _____, to a hospital for medical treatment when I cannot be reached.		
Note: Many emergency services personnel often require notarized authorization in order to proceed with care.		
Signature Parent/Guardian: _____		
Date: _____		
EMERGENCY CONTACT		
Name	Relationship	Phone
1.		
2.		
3.		
PERMISSION TO TAKE THE CHILD OFF THE PREMISES		
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:		

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I hereby give Kennesaw Mountain Nature Preschool permission to take my child _____, on excursions from the family learning home that might include the following types of activities: nature walks, hikes at Kennesaw Mountain or travel by car to other nature trails and Cobb County parks.

Signature Parent/Guardian: _____

Date: _____

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ALTERNATE CHILD RELEASE

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

Name	Address	Relationship	Phone
1.			
2.			
3.			

LIABILITY WAIVER

While we carry hazard insurance to cover our school, it may not provide sufficient coverage for your child in case of an accident. I understand that there are risks which naturally occur whenever children are playing outside. I release Angelia Jenkins, Kennesaw Mountain Nature Preschool and its teachers, and Kennesaw Mountain Preschool, LLC and its Board of Directors from any liability for injuries that might occur while my child is attending Kennesaw Mountain Nature Preschool. My child is in good physical health and I will provide appropriate clothing for the weather.

Signature Parent/Guardian: _____ Date: _____

MEDIA RELEASE

I hereby grant permission for Kennesaw Mountain Nature Preschool (KMNP) to record the participation and appearance of my child by photograph and/or video in connection with daily Preschool activities for the purposes of news releases, reporting, and assessing the progress of children and the program. KMNP is authorized to exhibit or distribute such photograph(s) and/or video in whole or in part without restrictions or limitations for any educational or promotional purpose that is deemed appropriate. Such photograph(s) and/or video may, for example, appear in printed or visual materials for KMNP and/or on KMNP's web site, blog, Facebook, Instagram or professional presentations at State, National and local conferences. This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

Signature Parent/Guardian: _____ Date: _____

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CHILD'S SCHEDULE AND INTERESTS

The following information will assist the Educators and KMNP Director to understand and care for your child.

Please describe your child's eating habits, i.e. food likes and dislikes, etc.

Describe the play activities that your child likes, both indoors and outdoors.

Describe your child's nap/rest time habits? Does he/she have a special "lovey"?

Describe your child's toilet and hygiene habits.

Please add any other special information that is important to your child's care:

Signature Parent/Guardian: _____ Date: _____

SIGNATURES

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to KMNP providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by KMNP or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

Signature of applicant:

Date:

Signature of spouse:

Date: