HASSAYAMPA ELEMENTARY PRESCHOOL

251 SOUTH TEGNER STREET
WICKENBURG, AZ 85390
(928) 684-6750 • (928) 684-6791 FAX

www.wickenburgschools.org

APPLICATION FORM

Parent/Guardian Signature

Please Print	:			
Child's Name:	Last		First	M.I.
Age	_ Date of Birth	Sex	Home Phone:	
Email:				
Address:			City:	Zip:
Father/Guardian's name:		D	ay phone number:	
Mother/Guard	dian's name:	D	ay phone number:	
In the event	of an emergency, pleas	e contact the followin	g if mother and father	cannot be reached:
Name		Relation	Phone # _	
Name		Relation	Phone # _	
List any allergi	es (food, medication, etc.)		
Please list any special needs or accommodations that your child requires:				
its elected ar employees, a any kind or c this program of this program by law the fo expenses, wh understand t photographe This waiver c	nd appointed officials, do any and all other perharacter which I/we hat a This waiver includes a man. In that regard, I/we aregoing persons and erhich may be incurred by that medical claims are and by staff employees to	lirectors, officers, boarsons, firms or corporve or may have against lamages, losses, controlled the covenant to indemnitation from any loss or them in the event and my/our responsibility to be used at the site for such claim or liability to be used at the site for such claim or liability to the site of such claims or liability to the such claims o	rds, commissions, age rations who are or migst them due to my parsts, expenses, and injury, defend, and hold her damage, including resty such claims are assest. I/we give permission or activities and for another that is caused by the s	t of Wickenburg Unified School District, nts, representatives, servants and the liable, from any and all claims of ticipation, or my child's participation in the court armless to the fullest extent permitted asonable attorneys' fees and litigation betted against them or any of them. I/we for me and my child to be videotaped or y program advertisements for the school. ole and exclusively intentional acts or

Date