

# HandStands Preschool

at Utah Peak Academy

## Registration Form

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

Address: \_\_\_\_\_ City, ST Zip code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

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

In Case of an Emergency Contact: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any health problems the teacher may need to be aware of including allergies, asthma, etc.:

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Please list any special family situations the teacher should be aware of such as who is and who is NOT allowed to pick up your child, etc:

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I release HandStands Preschool and Utah Peak Academy, LLC of any injury that may be sustained while at the facility and I give HandStands Preschool and Utah Peak Academy, LLC permission to perform or seek any medical attention needed for my child, \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

**Please circle which class time you prefer:**

3-4 year olds- 2 days/week

4-5 year olds- 3 days/week

Morning OR Afternoon

Morning OR Afternoon

Please complete this form and return it with your \$50 non-refundable registration fee. Please make your check payable to **HandStands Preschool**



HandStands Preschool  
14549 South Center Point Way  
Bluffdale Utah 84065

Questions: Emily at 801-870-2533 or Jodi at 801-706-1932

