

GRACE CHRISTIAN PRESCHOOL

Application for Enrollment

Name of Preschooler: _____
(last) (first) (middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Birthday: _____ Age: _____ Sex: _____

Father's Name: _____

Employment: _____

Business Phone: _____ Cell #: _____ Text? Yes No

Mother's Name: _____

Employment: _____

Business Phone: _____ Cell #: _____ Text? Yes No

Marital Status: Married Single Divorced

Home Church (if any): _____

Parents' Email Address: _____

Siblings and ages:

Preferred Class (circle one):

Morning Fours MWF 8:30 AM – 11:30 AM (\$150/month)*

Afternoon Fours MWF 12:15 PM – 3:15 PM (\$150/month)*

Morning Threes T & TH 8:30 AM – 11:30 AM (\$100/month)*

*prices valid for 2019-20 school year

Your child will be released **only** to the person(s) signing at the bottom of this enrollment form AND those named below:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I hereby pledge to meet my financial responsibilities according to the current tuition schedule, paying by the first of each month. If my account is not current at the end of each month, I understand that my child(ren) will be suspended from Grace Christian Preschool and not allowed to return until my account is paid in full.

Signed: _____ Date: _____
Father Mother

EMERGENCY HEALTH AND ACCIDENT FORM

Student's Name: _____ **Birth Date:** _____

Address: _____ **Phone:** _____

To enable us to take care of your child in case of an emergency when you cannot be reached, please provide the following information:

Doctor's Name: _____ **Phone:** _____

Are there any known allergies to foods? _____

Is there any existing health condition you would like us to be aware of? If so, please explain. _____

Insurance Carrier: _____

Policy #: _____ **Phone:** _____

Parent responsible for payment: _____

Father/Guardian's Name: _____ **Home Phone:** _____

Employer's Name: _____ **Business Phone:** _____

Mother/Guardian's Name: _____ **Home Phone:** _____

Employer's Name: _____ **Business Phone:** _____

Emergency Contact (Other than parent or doctor):

1. _____
Name Address Phone

2. _____
Name Address Phone

It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

I hereby give permission to Grace Christian Preschool to make whatever emergency (i.e. first aid, hospitalization, disaster, evacuation) measures are deemed necessary for the protection and care of my child while under the supervision of the school at my expense.

Parent/Guardian's Signature Date

Parent Agreement

1. I understand that I may visit at any time.
2. I will see that my child will leave his/her personal belongings at home. Grace Christian Preschool is not responsible for any article brought from home.
3. I will bring my child into the preschool room and sign him/her in between 5 minutes before and 5 minutes after the scheduled class start time. I will try my hardest to be on time because class needs to start promptly.
4. I will pick up my child at the end of class by waiting in the hallway until the classroom door is opened and then signing out. I understand that if I am more than five minutes late, a late charge of \$5.00 will be assessed for each 15 minute block of time beyond the five-minute grace period.
5. I will refer to the preschool calendar for holidays that will be observed and other scheduled days off.
6. I agree to pay the tuition fees by the 1st of each month. I understand that a \$10.00 late fee will be charged for past due accounts after the 5th of each month. I understand that if my account is not current at the end of each month, my child(ren) will be suspended from Grace Christian Preschool and not allowed to return until my account is paid in full.
7. I understand that I must pay a \$25.00 non-refundable enrollment fee when enrolling. I also understand that I will be required to pay a deposit of \$75.00 (billed in August or upon enrollment) and that this deposit will only be returned if my child completes the entire program. Deposit will be applied to the May billing statement upon completion of the class year.
8. I agree to pay \$20.00 for a returned check. Grace Christian Preschool will then have the option to refuse any check.
9. I understand that I will be called to pick up my child in the event that he/she becomes ill. If staff is unable to reach me, another person(s) listed on the enrollment contact form will be notified.
10. In the event of an emergency, Grace Christian Preschool has my permission to administer First Aid or obtain emergency medical treatment in my child's best interest.
11. I agree that should Grace Christian Preschool determine that my child cannot adjust to the Preschool program, I will withdraw my child, and this agreement will end.

Father/Guardian Signature

Mother/Guardian Signature

Date: _____

Date: _____