



# ENROLLMENT APPLICATION

FEBRUARY 1, 2016

## Child's Information

First \_\_\_\_\_ Mi \_\_\_\_ Last \_\_\_\_\_ Goes by \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender: male / female

**Parent 1:** Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Place of business \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parent 2:** Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Place of business \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Two (2) emergency contacts if parent(s) or guardian(s) cannot be contacted promptly.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

List any special information concerning the child's growth and development and any special needs and/or allergies. *If there are none, please write 'no problems' and sign below.*

\_\_\_\_\_  
\_\_\_\_\_

**The following listed person(s) is/are allowed to pick up and drop off my child.**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

My child may be photographed or videotaped at the preschool.

By preschool staff ( ) Yes ( ) No

By media ( ) Yes ( ) No

I give Grace Chapel Preschool permission to obtain emergency medical treatment for my child: ( ) Yes ( ) No

If NO, list instructions for emergency treatment:

\_\_\_\_\_  
\_\_\_\_\_



Signature of parent registering child: \_\_\_\_\_

Is your child toilet trained? ( ) Yes ( ) No

Are parents #1 and #2, listed on page 1, married to each other at the time of application to Grace Chapel Preschool? ( ) Yes. Go to page 4.


( ) No. Go to page 3.

**This page applies ONLY to parents listed on page 1 who are NOT MARRIED to the other parent, listed on page 1, at the time of application.**

STANDARD PROCEEDURE

Since, parent #1 and parent #2, listed on page 1, are not married, only the parent registering the child and signing below will have access to information pertaining to the student, except if indicated otherwise within this application.

Printed name: \_\_\_\_\_

 Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

**--- OR ---**

EXECPTION TO THE STANDARD

Although not married to parent #\_\_\_\_, listed on page 1, I \_\_\_\_\_ give permission for Grace Chapel Preschool to release any information I would be given about my child to the other parent listed there.

Printed name: \_\_\_\_\_

 Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

## Parent Agreement

Acceptance and completed enrollment form and non-refundable registration fee assures my child a place at Grace Chapel Preschool.

I agree to read and abide by the policies in the Parent Handbook that I received at the time of registration.

I understand that tuition (\$140.00 per month) is due the first day of each month. I also understand that payment will be considered late after the 15<sup>th</sup> of the month and will be assessed a late fee of \$20.00. I understand that my child will not be allowed to return to school, until the tuition, late fee, and any other outstanding balance is paid in full and then only if the student's spot is still available.

School starts at 8:00 a.m. My child will not arrive at the school before 7:30 a.m. (see Early Care below). I will escort my child into the building and sign him/her in on the appropriate sign in sheet.

School ends at 12:00 p.m., and I will be at the school at that time to pick up my child. I will come in the building to sign him/her out on the appropriate sign out sheet.

I agree to provide an approved snack for my child's class on the assigned snack week.

Early Care will be available from at 7:30 a.m. to 7:44 a.m. with a \$2.00 per day or \$20.00 per month fee.

My child will ( ) will not ( ) need early care on a regular basis. Early Care will be provided on a call-in basis, if space is available.

I have received a copy of the Parent Handbook: \_\_\_\_\_ (*initials*).



Parent signature \_\_\_\_\_ Date \_\_\_\_\_

# Staff Section

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The following have been received at registration:

Enrollment Application      dated \_\_\_-\_\_\_-\_\_\_\_\_

Form 121 Immunization      dated \_\_\_-\_\_\_-\_\_\_\_\_

Registration fee of \$50      dated \_\_\_-\_\_\_-\_\_\_\_\_

Other \_\_\_\_\_

Payment type  Cash     Check     other \_\_\_\_\_

Date of enrollment \_\_\_-\_\_\_-\_\_\_\_\_

Date of withdrawal \_\_\_-\_\_\_-\_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Staff signature \_\_\_\_\_ Date \_\_\_-\_\_\_-\_\_\_\_\_

END