

ST. CHARLES PRESBYTERIAN CHURCH EARLY CHILDHOOD EDUCATIONAL AND DEVELOPMENTAL CENTER

2022-2023
ENROLLMENT FORM

CLASS: Pre-Kindergarten morning (Tu.Th.F.) 9:00-11:45 a.m.
 Pre-Kindergarten morning (Mon. thru Fri.) 9:00-11:45 a.m.
 Pre-Kindergarten ALL DAY (M.W.F.) 9:00-3:15 p.m.
 Pre-Primary II morning (M.W.F.) (class size 11) 9:00-11:45 a.m.
 Pre-Primary I morning (Tu.F.) 9:00-11:30 a.m.

Admission Date _____ Dismissal Date _____

Name of Child _____
First Middle Last

Name Child Goes By _____ Gender of Child _____

Street Address _____ City _____

State _____ Zip _____ - _____ Home Telephone (_____) _____

Mom's Cell Phone (_____) _____ Dad's Cell Phone (_____) _____

Age of Child on 7/31/22 _____ Child's Birth Date _____ Child's Birth Place _____

Child Lives With: Both Parents Mother Father Other _____

Parent's Marital Status: Single Married Divorced Separated Widowed

Father or Guardian's Name _____ Father's E-Mail Address _____

Street Address & Zip _____ Home Telephone (_____) _____

Occupation _____ Employer _____

Hours of Employment from _____ to _____ Business Telephone(_____) _____

Business Address (Street, City, State, Zip) _____

Educational Level _____

Mother's or Guardian's Name _____ Mother's E-Mail Address _____

Street Address & Zip _____ Home Telephone (_____) _____

Occupation _____ Employer _____

Hours of Employment from _____ to _____ Business Telephone (_____) _____

Business Address (Street, City, State, Zip) _____

Educational Level _____

What School District Do You Reside In _____

Church Affiliation _____

I do give, I do **NOT** give permission for my child's photograph/interview/video/project related to school activities and events to be used by the St. Charles Presbyterian Educational & Developmental Center in publications and/or local and social media.

We will contact parents in case of an emergency. Please advise which parent you would prefer us to contact first.

1. Name and contact number _____

2. Name and contact number _____

We are required to have two emergency contacts in case we are unable to reach parents. Please list these contacts.

Name _____ Relationship _____ Phone (area code) _____

Address (Street, City, State, Zip) _____

Name _____ Relationship _____ Phone (area code) _____

Address (Street, City, State, Zip) _____

Who will regularly pick up child from our Center? _____

Persons authorized to take child from our Center:

Name _____ Home # (area code) _____ Cell # _____ Work # _____

Name _____ Home # (area code) _____ Cell # _____ Work # _____

Please list names, relationships, and ages of all brothers, sisters, and other members of your child's usual household

Is your child adopted? _____ Does he/she know? _____

Is your child predominately right or left handed? _____

Does your child have any physical conditions which would affect him in school? _____

Has your child had any previous school or playgroup experience? Please describe. _____

Is your child's bathroom routine established? _____

Is there anything you would share with us to complete your child's profile?

Has your child experienced any type of life changes recently that would help the teachers understand him/her better?

(divorce, separation, death, prolonged illness, a new baby, etc.) Please explain.

We are interested in your conception of our Center. What do you expect our program to do for your child? Do you have any suggestions for our program? Any questions? Ideas?

How did you hear about our preschool and Stay and Play? _____

Who can we thank for referring our preschool and Stay n' Play to you? _____

AUTHORIZATHION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby

Authorize the staff of the St. Charles Presbyterian Church Educational and Developmental Center.

PROVIDER

(Please list name & telephone number of doctor, hospital or both)

TO CONTACT DOCTOR /CLINIC:

Name _____ Telephone(_____) _____

Address(Street, city, state, zip code) _____

Known Allergies: Food _____ Medicine _____ Pollen _____ Other _____

Please explain _____

FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD, MY PREFERRED HOSPITAL IS:

Name _____ Telephone(_____) _____

Address(Street, city, state, zip code) _____

ACKNOWLEDGEMENTS

Parent/Guardian Initials

When my child is ill, I understand and agree that she/he may not be accepted for care or remain in care. _____

I understand that, before the first day of attendance by my child, I will provide proof of completed age- appropriate immunizations or exemption from immunizations. _____

I do ___ do not ___ give permission for the facility to transport my child. _____

I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed. _____

I have been informed of the required health and safety inspections and that the inspection forms are available for review. _____

TRIP AND ACTIVITY PERMISSION

I do _____ do not _____ give consent for my child to take part in field trips or excursions with this Educational and Developmental Center under proper supervision.

I understand I will be notified when such trips are planned.

I understand that at times my child may attend unannounced walks accompanied by the teachers of the school.

It will save time and expense of sending and collecting individual notes if you will sign this permission slip as part of your enrollment.

Signature _____

ST. CHARLES PRESBYTERIAN CHURCH EDUCATIONAL AND
DEVELOPMENTAL CENTER

Acceptance of this blank form and the registration fee of \$80.00 assures your child a place in our preschool. Registration fees for a family enrolling more than one child has been set at \$80.00 for the first child and \$55.00 for each additional child. In return, we expect that you will honor your enrollment for the term, unless you move from the city, or some unusual circumstance makes a mutual agreement to dissolve this contract the most advantageous arrangement for the child.

Tuition payments will begin with the first month's payment due on August 1, 2022 and the final tuition payment due April 1, 2023. The first month's tuition is non-refundable. In the event we have to institute collection proceedings, you agree to pay reasonable attorney fees and associated costs.

I agree to the above terms.

Date _____

Signature _____

Paid _____

The following receipt will be returned to you when the registration fee has been received.

Your registration fee of \$80.00 has been received and your child _____

is enrolled in the _____ class for the 2022-2023 school term.

The first month's tuition is due no later than August 1, 2022. Receipt of this payment will secure your child's enrollment for the school year.

The first month's tuition is non-refundable.

Additional forms will be sent to you in the summer.