



ENROLLMENT INFORMATION
School Year 2017-2018

Date Received Reg. Fee
Info Complete
Physical
Birth Certificate
Class Teacher

Program Choices: (Please Circle) : Classes run from 9am-11:30am unless otherwise noted.
4's - (4 by Sept. 1st)
3's - (3 by Sept. 1st)
Young 3's - (3 after Sept. 1st)
2 Day TTH
3 Day MWF
4 Day TWTHF
5 Day MTWTHF
2 Day TTH or 2 Day WF
3 Day MWF
4 Day TWTHF
**Min 7/Max 10 Students per class required

Child's Name:

Date of Birth: Age as of September 1, 2017: Sex: M F

Home Address: City, Zip:

Home Phone: Family email:

Father's Name: Occupation:

Business Name: City, Zip:

Business Phone: Cell Phone:

Email:

Mother's Name: Occupation:

Business Name: City, Zip:

Business Phone: Cell Phone:

Email:

Name of Preschool Attended Last Year: Nazarene None Other

Marital Status of Parents: Married Divorced Widowed Single

Names and Ages of Siblings:

Name(s) of person to contact in emergency should both parents be unavailable:
(must be someone in the immediate area and authorized to pick up child)

Name: Phone:

Relationship to child: City, Zip:

Name: Phone:

Relationship to child: City, Zip:

DOES YOUR CHILD HAVE ANY MEDICAL OR DEVELOPMENTAL CONDITIONS? (allergies, hearing, speech, etc.) No Yes
If yes, please list:

Medicine to be kept at school? No Yes
If yes, explain

Physician Signed Medical Release Form must be on file for medicine to be administered at school.

I give permission to the staff of Nazarene Preschool to make whatever emergency (i.e. first aid, disaster, evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center.

In case of a medical emergency, I understand that my child will be transported to the hospital deemed appropriate by the responding emergency unit. The child will be transported at the expense of the parents.

I understand that in some medical situations the staff will need to contact local emergency resources before the parent, physician or other adult acting on the parent's behalf.

Parent's Signature _____ Date _____

How did you hear about our preschool?: _____

Tuition Policy

Tuition is payable on the first school day of each month. Tuition not paid by the 15th of the month will be assessed a late fee of \$10; Unpaid tuition may result in dismissal from program. Exceptions can be okayed by the Principal when notified of hardship in advance. No billings are sent out. Late fees not paid will be added to your account.

Parent's Signature _____ Date _____

Photograph Release / Consent Form

I agree that my child may be photographed for use in the Preschool and / or use in publicity.

Parent's Signature _____ Date _____

Child's Personal Emergencies

Should your child have a personal accident where he / she soils clothing to the extent that clean clothes and personal clean up is required, two school personnel will be present to assist your child in cleaning up. Parents will be notified.

Yes, I give school personnel permission to assist my child.

Parent's Signature _____ Date _____

OR

No, I do not give school personnel permission. My child is to remain in soiled clothes until I arrive.

Parent's Signature _____ Date _____

Church Affiliation

Name of church affiliation _____

We regularly attend Sunday School Church