



**JUMP START
Enrollment Form**

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

Jump Start Days: Monday, August 7th-Friday, August 11th
Camp Session will run 8:30-11:00am
Cost: \$125.00

****Current enrolled Families do not have to fill out an enrollment form..**

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 _____ Church

Our children regularly attend _____ Sunday School