

**Grace Church Preschool  
Registration 2012/2013**

Please indicate which program you are applying for:

- Mother's Morning Out (Fridays)
- 2 Year Old 2 Day (M/W)
- 2 Year Old 2 Day (T/Th)
- Young 3 Year Old 2 Day (T/Th)
- 3 Year Old 3 Day (M/W/F)
- 3 Year Old 2 Day (T/Th)
- 4 Year Old 3 Day (T/Th)
- 4 Year Old 5 Day (M-F)
- 4 Year Old 5 Day (M-F) Enhanced (until 1:30)

With application please submit the following:

Registration Fee:

\$85 (2, 3 and 4 year old classes)

\$25 (Mother's Morning Out)

Curriculum / Activity Fee:

2 day classes: \$30

3 day classes: \$45

5 day classes: \$60

Make checks payable to:

Grace Church School

**Child's Information**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Nickname \_\_\_\_\_

Allergies (be specific)

\_\_\_\_\_

\_\_\_\_\_

Is the allergy(ies) serious enough to have a Food Allergy Action Plan on file to instruct the school on medical attention needed if your child has a reaction? Yes No

**Family Information**

Email Address \_\_\_\_\_

(Please provide an email address that you would like to receive all school correspondence)

- Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

- Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Authorized Release & Emergency Contact Information (please list at least two)**

If parent cannot be reached, the following person(s) may act as an emergency contact and/or are authorized to pick up your child:

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Relationship \_\_\_\_\_ Is this person an emergency contact? \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Relationship \_\_\_\_\_ Is this person an emergency contact? \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Relationship \_\_\_\_\_ Is this person an emergency contact? \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Relationship \_\_\_\_\_ Is this person an emergency contact? \_\_\_\_\_

**Medical/Social Information**

Pediatrician \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medications \_\_\_\_\_

Special Needs

\_\_\_\_\_

\_\_\_\_\_

Does your child have a chronic illness or condition? Yes No

Explain: \_\_\_\_\_

\_\_\_\_\_

Please give any information concerning your child which would be helpful in his/her preschool experience (play, special fears, special likes and dislikes, eating habits, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Name \_\_\_\_\_

**Medical Authorization**

\_\_\_\_\_ (Initial) I agree that Grace Church Preschool staff may authorize a physician of their choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I understand that all medical costs incurred are my responsibility. I authorize operator to transport my child to an appropriate medical resource in the event of an emergency. I release and forever discharge Grace Church Preschool employees from and against any and all liability incurred as a result of any act they may perform on behalf of my child (CPR, for example).

**Change of Information**

\_\_\_\_\_ (Initial) I agree to immediately notify Grace Church Preschool of any changes to the information provided on this application. This includes addresses, phone numbers, medical information, emergency contacts, etc.

**Photo Release**

\_\_\_\_\_ (Initial) I Do Do Not (circle one) grant my expressed permission for Grace Church Preschool to exhibit photographs, videos and/or likenesses of the above named student. Use of images may include the Grace Church Preschool website and other publications.

**Discipline Policy and Parent Handbook**

\_\_\_\_\_ (Initial) I have received a copy of the Grace Church Preschool Disciplinary Policy which is contained in the parent handbook and online. I have read the disciplinary policy and the parent handbook and have no questions about either. Furthermore, I understand and agree to all policies contained in the parent handbook and support the staff in their enforcement of these policies.

▪ **Absences**

\_\_\_\_\_ (Initial) I understand that my child's tuition payment guarantees a reservation for my child for the school year designated on the school calendar and is not dependent upon attendance of my child. Tuition reduction and/or makeup days are not offered in the event of child's absence for any reason, including holidays, closings, inclement weather, emergencies, illness or vacation.

▪ **Withdrawal/ Change of Schedule**

\_\_\_\_\_ (Initial) I must give 30 days' written notice prior to withdrawing my child from the school. If I wish to return after withdrawing my child, space is not guaranteed and I must pay a new registration fee that is applicable to new enrollees. I must also give 30 days' notice prior to reducing your child's attendance schedule.

▪ **Suspension and Dismissal**

\_\_\_\_\_ (Initial) I understand that Grace Church Preschool reserves the right to suspend or dismiss a child at their sole discretion if they do not have adequate expertise or resources for my child's educational, medical or other needs, for violations of their policies, for unsatisfactory or inappropriate behavior, or for any reason they determine to be in the best interests of my child and/or school. At their sole discretion, suspension or dismissal may be with or without notice.

▪ **Tuition Agreement**

\_\_\_\_\_ (Initial) Tuition payments are due on the 15<sup>th</sup> of the month. A \$20.00 late fee will be added to your account if payment is not received by this date. Failure to pay tuition as agreed may result in the immediate dismissal of child from the program and/or legal action at the discretion of Grace Church Preschool.

**The parents/guardians, on behalf of the minor child, agree that they have read, understand and agree to all terms in this agreement.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_