

Raleigh Court Presbyterian Church Preschool Enrollment Application

OFFICE USE
Rec'd _____
Reg Fee _____
Sup Fee _____
Imm _____
BC _____

Date of Application: _____ Class Desired: _____

Child's Name: _____ Preferred Name: _____

Home Address: _____

Age: _____ Birth Date: _____ Male / Female

Parent One (Primary Contact) Name: _____ Mom/Dad/Guardian

Home Phone: _____ Cell Phone: _____

Parent One Name of Business & Job Title: _____

Parent One Email: _____ Work Phone: _____

Parent Two Name: _____ Mom/Dad/Guardian

Parent Two Home Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

Parent Two Name of Business & Job Title: _____

Parent Two Email: _____ Work Phone: _____

Siblings

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Emergency Contacts if parents/guardians cannot be reached (please star if these individuals also have permission to pick up your child)

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Additional Person(s) Authorized to Pick up Child, (babysitter, etc.) _____

Person(s) **NOT** Authorized to pick up child _____

General & Health Information

*****Please provide a copy of your child's immunizations and birth certificate*****

Previous Preschool Attendance: _____

How did you find out about our program? _____

Does your child have any special interests? _____

For 3 year old classes and beyond, is your child potty-trained? Yes No Actively Training

****All 3 year old students and beyond are required to be fully potty-trained by start of school****

Name of Child's Physician: _____

Physician's Office Phone: _____

Special Medical Information (allergies, reactions, health concerns, etc.) _____

Permission for Medical Treatment

I/We, the parent(s)/legal guardian(s) of _____ hereby authorize permission for medical treatment of our child in the event we cannot be reached.

Parent(s)/Guardian(s) Signatures: _____

Immunizations

I/We, confirm our child is fully immunized, or will be by the start of the school year.

Parent(s)/Guardian(s) Signatures: _____

Roster/Web/Facebook Information

At times during the school year, parents often request a **roster** of our preschool students consisting of names, addresses and phone numbers. If you have no objections to our releasing this information, please sign below. If you only want limited names or contact information listed, please state below:

Parent(s)/Guardian(s) Signatures: _____

Raleigh Court Presbyterian Church Preschool maintains a **webpage on the church's website and a school Facebook page**. Please initial here to give your permission for the preschool to use your child's image (no names) on these sites.

Parent(s)/Guardian(s) Signatures: _____

Enrollment Agreement

With this commitment, I understand that my **non-refundable** registration fee is due at time of enrollment. The tuition payment for September is due May 1st. **Failure to have the September tuition payment in by May 1st could result in the loss of the allocated fall enrollment spot.** Should my needs change and I withdraw my child from this program, I will notify the director by **August 1st**. Otherwise, the first month's tuition will **not** be refunded.

Parent(s)/Guardian(s) Signatures: _____