

**Little Chapel on the Boardwalk Preschool
Enrollment Form**

Name _____
 First Middle Last

Nickname _____

Date of Birth _____

Program Desired:

Monday/Wednesday/Friday _____

Monday thru Friday _____

Mother's Name & Address _____

City _____ **Zip Code** _____

Telephone _____ **Cell Phone** _____

Mother's Work Place _____ **Phone** _____

Mother's Email Address _____

Father's Name & Address _____

City _____ **Zip Code** _____

Telephone _____ **Cell Phone** _____

Father's Work Place _____ **Phone** _____

Father's E-Mail Address _____

Child resides with _____

****Application continues on the other side.**

With this application, please include an enrollment fee of \$75. The enrollment fee is non refundable. Application will not be considered without the enrollment fee.

Parent Signature: _____

Date: _____

Little Chapel on the Boardwalk Preschool reserves the right to terminate this agreement at any time for any reason including but not limited to late payments(s) or the inability of a child or parent to adjust to the program. Every effort will be made by the school to work with the parent and child. Parents also have the right to withdraw their child from Little Chapel on the Boardwalk Preschool for any reason. A two week notice is required when canceling services.

For office use only: Date Received _____ Application Fee _____

Little Chapel on the Boardwalk Preschool

Parent Contract

I, the undersigned, have **carefully read** this Parent Agreement of Little Chapel on the Boardwalk Preschool and will abide by the regulations listed, below:

1. I have received the Parents Handbook and agree to adhere to all rules, regulations, and policies stated in the handbook.
2. I have included my all registration forms, medical report and immunization history for my child.
3. At the time of registration, I agree to pay the **non-refundable** registration fee of \$75.00
4. I agree to pay the monthly tuition fee of \$_____ due the 1st of every month. I am aware of the fees associated with late payments stated in the handbook.
5. I understand that the full month's fees are payable, regardless of Christmas, Easter or any other school or statutory holidays, also regardless of my child's absence from Preschool for **any reason**. The Preschool observes all public holidays.
6. I agree to notify the teacher of any changes:
 - a) of address, phone number, or employment.
 - b) in the information given at the time of registration, (i.e. doctor, medical problems,
 - c) allergies, medical insurance, alternate emergency person or persons living in the home).
 - d) in routines or events at home which may affect my child's behavior.
7. I will not send my child to school if there is any question of illness. If my child contracts a communicable disease, I will notify the teacher immediately.
8. I agree to notify the teacher in writing of any change in the regular going home procedure, and to make every attempt to arrive on time when delivering my child to, and picking up from the preschool room and to make sure that the teacher is aware of my child's arrivals and departures. There is a **late fee charge** if my child is picked up after school hours.

Parent/Guardian's Name

Phone

Signature in full

Date

**Preschool Emergency
Student Emergency Information Sheet
Little Chapel on the Boardwalk Preschool**

Child's Name: _____

Male Female Date of Birth: _____ Age: _____

Date enrolled: _____

Parents/ Guardians, Contact Information:

Mother's Name: _____ **Father's Name** _____

Home phone: _____

Mom's cell #: _____ Dad's Cell#: _____

Home Address: _____

Email address: _____

Parent's Place of Employment.

Dad's work Address: _____

Work Phone # _____

Mom's work Address: _____

Work Phone # _____

Emergency Contact information:

Please list three persons authorized to pick up child when you cannot be reached.

These persons will also be contacted when you cannot be reached in case of emergency.

1) Name _____ Address _____

Phone (Home) _____ (cell) _____

2) Name _____ Address _____

Phone (Home) _____ (cell) _____

3) Name _____ Address _____

Phone (Home) _____ (cell) _____

Child's Name: _____ **DOB:** _____

Does your child have any known Allergies: No _____ Yes _____ ?

Explain: _____

Does your child have any chronic illness/conditions: No _____ Yes: _____

Explain: _____

Emergency Treatment and Transportation:

I hereby give permission to Little Chapel on the Boardwalk employees and volunteers to secure emergency medical, dental and or emergency treatment to my minor child named above. I also give permission for Little Chapel on the Boardwalk, staff and volunteers to provide emergency transportation for the above named minor child.

Signature of Parent or Guardian _____

Name of child's Physician or Health Clinic: _____

Address: _____

Phone # _____ Hours: _____

Hospital preferred in case of Emergency: _____

Name of child's Dentist _____

Address: _____

Phone #: _____ Hours: _____

Insurance Policy Information:

Carrier _____ Policy# _____

I agree to be responsible for the cost of such emergency medical care.

Parent(s)/Guardian(s) signature:

_____ Date: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be reached immediately.

Parent(s)/Guardian(s) signature: _____ Date: _____

I hear by give permission for my child to participate in walking field trips **on** the grounds of Little Chapel on the Boardwalk only while under the supervision of staff and volunteers.

Parent(s) Guardian(s) signature _____ Date: _____

Photographic Release

Little Chapel on the Boardwalk Preschool

I hereby grant permission to **Little Chapel on the Boardwalk Preschool** and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed matter in connection therewith, to do the following:

1. To include such photographs in all editions of all publications designed and printed for church use, in all media, Internet, and in the advertising, publicity, and promotion thereof.
2. To use my name or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless **Little Chapel on the Boardwalk Preschool** and its legal representatives, licensees, successors and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any rights to inspect or approve the same.

Signature of Subject of Photograph

Date

Printed Name

For Use Only if the Participant Is a Minor

I hereby certify that I am the parent and/or guardian of, _____,
(Print youth's name)

a minor under the age of eighteen (18) years old, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Media Release Authorization, including, without limitation, the release, discharge and hold harmless provisions thereof.

Signature of Parent or Legal Guardian

Date

Printed Name