

Promiseland Preschool

Enrollment Information

Child's Name: _____ Circle One: M F

Name child goes by: _____ DOB: _____

Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Father's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Parent/ Guardian with Legal Custody: _____

A copy of the divorce decree with custody agreements must be included with this form. It will be placed in your file and kept confidential. Without these papers, we may not be able to prevent the child from leaving with his/ her non-custodial parent. Custody papers are also needed for any situation where custody has been granted to someone other than biological parents.

Child lives with (check one):

____ both parents ____ Mom ____ Dad ____ Other, Please Specify: _____

Medical/ Emergency Information:

Allergies: _____ If yes, please describe allergies and instructions (does your child require an EpiPen Yes/ No):

Medical conditions/ instructions that we should know about:

Does your child take medication regularly? _____ If yes, please list drug and amounts:

Hearing loss/ speech difficulties: _____

Is your child enrolled in therapy? If so, what kind? _____

Person authorized to act for parent in case of an emergency: (If parent can't be reached)

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____

Medical Consent and Emergency Form

In the event that my child, _____ becomes ill or is injured while under school supervision, I approve the school authorities to take the following steps.

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency when a parent or guardian cannot be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and/or treatment. Such transporting is to be done by school approved transportation or, if school officials deem it necessary, by ambulance.
3. In a life-threatening situation, school officials will call 911 and then contact the parents or guardian.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the Promiseland Director or his/her designated representative to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Promiseland Director or his/her designated representative, Parkview Baptist Church, and the Promiseland staff from any liability which might arise as a result of medical service and treatment provided by any hospital or physician pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical service or treatment of my child or children as the result of the above authorization and agree to indemnify and hold harmless Parkview Baptist Church, Promiseland Preschool, and the Director or his/her representative from any expense incurred for said treatment or services.

Parent's signature: _____ Date: _____

Medical Information

Physician: _____ Phone #: _____

Hospital Preference: _____

Insurance Provider: _____

Policy Number: _____

Dentist: _____ Phone #: _____

Promiseland Preschool Parent Agreement/ Consent

Yes	No	Please check "yes" or "no" to the following statements.
		I have received & read the Promiseland Handbook. I have been notified through the handbook of staff qualifications, teacher ratio, discipline policies, curriculum, religious teachings, and lunch program.
		I agree to read and abide by all policies of Promiseland Preschool as stated in the Parent Policies & Procedures Handbook.
		I attest that I am the aforementioned child's parent/ legal guardian and that I have legal custody rights to make decisions on behalf of this child, and as such I agree that where Promiseland Preschool and Parkview Baptist Church have acted in good faith to comply with an accident and/ or illness procedure, neither shall be held liable for any accident and/ or illness to this child, any and all liability as might otherwise exist being expressly waived by the parent.
		I give permission for my child to be photographed or videoed, understanding that these photos/videos will be used for school purposes only. Promiseland Preschool may use my child's picture on their Facebook page, Brightwheel app, or any future publications such as monthly newsletters, etc.
		I give permission for my child to participate in all activities at Promiseland, including, but not limited to: playtime on the playground or Fusion Theater and water play.
		I agree that it is the responsibility of both the staff of Promiseland and I/we as parent(s) to keep open the line of communication during the school year.
		I understand that it is my responsibility to stay informed of school information through calendars, newsletters, notes, texts, email, Facebook, and Brightwheel.
		I understand that tuition is due between the 1 st -10 th of the month. I understand that a late fee of \$15 may be added to my invoice for any payments not received by the 10 th , unless special arrangements are made with the director.
		I understand that I will be responsible for reimbursing Promiseland Preschool for any bank charges as well as a \$25 fee for any checks returned by the bank for any reason.
		I understand that non-payment of fees may result in expulsion from Promiseland Preschool.
		I understand the arrival and departure procedures and that late fees will be charged at a rate of \$1 per minute after 1:05. Excessive or frequent late pick-up will result in the dismissal of the child.
		I understand that once registered, fees are due for the entire school year and there are no discounts for missed days.
		I have completed & submitted all required paperwork; notarized affidavit; & updated, valid immunization form.

By signing below, I hereby acknowledge my understanding and agreement to the Parent Agreement/ Consent.

Parent Name (Printed)

Parent Signature

Date