

**BAYSIDE PRESBYTERIAN PRESCHOOL AND KINDERGARTEN
REGISTRATION FORM AND CONTRACT
2018-2019 SCHOOL YEAR**

FOR OFFICE USE ONLY

DATE ENROLLED: _____

DATE LEFT: _____

BIRTH CERTIFICATE NUMBER: _____

_____ **KINDERGARTEN** _____ **5-DAY FOURS** _____ **4-DAY FOURS** _____ **5-DAY THREES**
M, T, W, Th & F M, T, W, Th & F T, W, Th & F M, T, W, Th & F
_____ **3-DAY THREES** _____ **2-DAY THREES** _____ **2-DAY 2-1/2's** _____ **TODDLER – M T W TH F**
T, Th & F M & W T & TH or W & F (Circle 1st choice)

PLEASE PRINT CLEARLY!

CHILD'S NAME: _____ PREFERRED NAME: _____

DATE OF BIRTH: _____ SEX: _____ HOME PHONE: _____

ADDRESS: _____ E-MAIL: _____

CITY: _____ STATE: _____ ZIP: _____ (For communication and reminders)

MOTHER'S NAME: _____ PLACE EMPLOYED: _____

HOME ADDRESS: _____ CELLULAR PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ BUSINESS PHONE: _____

FATHER'S NAME: _____ PLACE EMPLOYED: _____

HOME ADDRESS: _____ CELLULAR PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ BUSINESS PHONE: _____

MARITAL STATUS OF PARENTS: _____

GUARDIAN OR AGENCY HAVING LEGAL CUSTODY: _____

HOME ADDRESS: _____ CELLULAR PHONE: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

OTHER MEMBERS OF HOUSEHOLD (INCLUDE RELATIONSHIP AND AGES):

ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, ETC: _____

DOES YOUR CHILD HAVE ANY SPECIAL PROBLEMS, CONDITIONS, OR MEDICAL CONDITIONS? _____

CHILD'S DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

WHO WILL BE RESPONSIBLE FOR TRANSPORTING CHILD TO AND FROM THE PRESCHOOL?

NAMES OF THREE PEOPLE (**OTHER THAN PARENTS**) WHO ARE AUTHORIZED TO PICK UP CHILD IN THE EVENT OF AN EMERGENCY:

NAME: _____ RELATION: _____

HOME ADDRESS: _____ PHONE: _____

NAME: _____ RELATION: _____

HOME ADDRESS: _____ PHONE: _____

NAME: _____ RELATION: _____

HOME ADDRESS: _____ PHONE: _____

PERSONS **NOT** AUTHORIZED TO PICK UP CHILD*: _____

*APPROPRIATE PAPERWORK (DIVORCE DECREE, ETC.) SHALL BE ATTACHED IF A PARENT IS NOT ALLOWED TO PICK UP THE CHILD

LIST NAME, ADDRESS, AND PHONE OF ANY OTHER PROGRAMS YOUR CHILD ATTENDS IN ADDITION TO THIS PRESCHOOL:

Sibling(s) enrolled in program? List name(s): _____

Did child attend this program last year? Give class: _____

AGREEMENTS

The Parent Handbook contains the school's policies and procedures. Parents, upon enrolling their child, agree that:

1. **All Tuition and Registration Fees are NON-REFUNDABLE.**
2. The Director must be notified, in writing, **THIRTY DAYS IN ADVANCE** before a child is withdrawn from Preschool. Without proper notice, the parent may be responsible for the following month's tuition.
3. Parents are responsible for payment of fees on time. Unless prior arrangements are made with the Director, tuition is due one month in advance on the first of each month **beginning August 1st and ending with the April 1st payment**. A \$15 late charge will be assessed for failure to pay by the 10th. Children will be removed from enrollment if all fees (including late charges) are not paid by the 25th of each month.
4. There is no reduction of tuition for illness, vacations, absences or school closures due to inclement weather.
5. Parents understand that they (or their adult designee) must walk the child into the building each day and wait until the child receives a health screening and is accepted into the classroom. A Parent (or properly authorized adult designee) will walk into the building to pick up the child.
6. Parents will be notified in advance in writing of field trips and will be given the option for their child to participate. Unless otherwise stated, Parents consent for their child to participate in field trips. Transportation is provided by Parent Volunteers.
7. Parents agree to keep their child home if: child has a fever, diarrhea, vomiting, illness, or begins an antibiotic treatment in the previous 24-hour period.
8. Parents will notify the school of any changes in address, phone, employment, emergency information, or family situations.
9. Parents understand that all **classes begin PROMPTLY at 9:30 am and end at 1:00 pm**. A **late charge of \$15** will be assessed for each 15 minutes or portion thereof after 1:00 pm.
10. No medication, prescription or non-prescription, will be brought to, or administered by the school **except for emergency medication such as epipens and inhalers**.
11. Parents consent for their child to be photographed or videotaped for school and classroom purposes.
12. If, after a reasonable period of time, it is found that a child is unable to adjust to the school, or in the event of a behavior problem, the school reserves the right to request withdrawal of the child.
13. Parents authorize the school to obtain medical care for the child in the event of an emergency and if a Parent cannot be located immediately.
14. The **Parent authorizes the RELEASE OF INFORMATION** (which includes child's name, birthdate and parent's email address) for the purpose of a class roster to be distributed to each family in the child's class.

PARENTS' SIGNATURES

DATE