

Weekday Preschool Enrollment Form 2010-2011



Entrance Date: _____

Circle which class you are registering for:

Withdrawal Date: _____

2 Year Old (1 Day) 2 Year old (2 Days)
3 Year Old (3 Days) 3 Year Old (4 Days) 4 Year Old (4 Days)

Child's Name: _____ Name child goes by: _____

Sex: M F Age: _____ Birth date: _____

Home Address: _____

City _____ State _____ Zip: _____

Home Telephone #: (_____) - _____ - _____

Child's Babysitter Name: _____ Church Home: _____

How did you hear about this preschool? _____

My child is afraid of: _____

Brother/Sisters names/ages: _____

Father's Name: _____

Father's Address (if different): _____

Home Telephone # (if different): (_____) - _____ - _____ Cell Phone #: (_____) - _____ - _____

Work Phone #: (_____) - _____ - _____

Mother's Name: _____

Mother's Address (if different): _____

Home Telephone # (if different): (_____) - _____ - _____ Cell Phone #: (_____) - _____ - _____

Work Phone #: (_____) - _____ - _____

The child may be released to the person(s) signing this agreement or to the following:

Please Note: Everyone must show ID before a child will be released to them

1. _____
Name Address City State Phone #
2. _____
Name Address City State Phone #

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Person's to contact in case of an emergency when parents cannot be reached:

1. _____
Name Home Phone # Cell Phone # Work Phone #
2. _____
Name Home Phone # Cell Phone # Work Phone #

Name of Public/Private School child has attended (if any):

Medical Information:

Child's Physician/Clinic Name (Child's Primary Health Source): _____

Physician's Telephone #:(_____-_____-_____)

My Child has the following special need(s): Please circle **NO** **YES** (see below)

ALLERGIES

My child has the following allergies: Please circle **NONE** **YES** (see below) **FOOD**

MEDICATIONS

My child is currently on medication(s) prescribed for long term continuous use and/or has the following pre-existing illness, allergies, or health concerns: Please circle **NONE** **YES**

Please note: A medication form must be filled out every 10 days by a parent or legal guardian

EMERGENCY MEDICAL AUTHORIZATION

Should (Child's Name) _____, (Date of Birth) _____ suffer an injury/illness while in the care of Heritage Hills Early Learning Center and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I /We agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature of Parent/Guardian Date Telephone#

Signature of Preschool Director Date Telephone #

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Financial Agreement

By signing this form, I agree to the following financial arrangements:

My account will be billed **MONTHLY**

For the amount of: \$ _____

For the following service: **(Please circle)**

WDP

2 Year Old (1 Day)

2 Year old (2 Days)

3 Year Old (3 Days)

3 Year Old (4 Days)

4 Year Old (4 Days)

I will be charged a yearly registration fee of: \$ _____. The registration fee is non refundable is to be paid when the application sheet is returned to the director of the Preschool. Monthly tuition is to be paid on the first class meeting of each month.

I will also be charged the following additional charges of:

- \$ _____ for Afterschool Care per week
- \$ _____ for Activities Fees/Field Trips
- \$ _____ for Late Pick up

I understand that **payment is expected at time of service.**

Any account that does not have payment made within:

- 4 weeks if account is billed monthly

Will result in a discontinuing of services immediately.

Signature of Parent/Guardian

Date

Signature of Preschool Director

Date