

# Weekday Preschool Enrollment Form 2011-2012



Entrance Date: \_\_\_\_\_

Circle which class you are registering for:

Withdrawal Date: \_\_\_\_\_

1 year old (2 days)      2 Year old (2 Days)  
3 Year Old (4 Days)    4 Year Old (5 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**

1 Year old (2Days): \$140.00 per month

2 Year old (2 Days): \$140.00 per month

3 Year Old (4 Days): \$150.00 per month

4 Year Old (5 Days): \$160.00 per month

I will be charged a yearly registration fee of: \$50.00. 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.**

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Signature of Parent/Guardian

Date

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Signature of Preschool Director

Date