

Stone Church Preschool Enrollment Form



CHILD'S NAME		ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME TO BE USED	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE	ROOM
ADDRESS (STREET, CITY, STATE, ZIP CODE)			

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	ALT. PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER	WORK SCHEDULE
EMPLOYER/ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	ALT. PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER	WORK SCHEDULE
EMPLOYER/ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENTS) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (MOBILE, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (MOBILE, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

CHILD'S PROJECTED ATTENDANCE SCHEDULE/WHAT PROGRAM WILL YOUR CHILD ATTEND

SCHOOL YEAR _____ CLASS _____ <input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY <input type="checkbox"/> 2 DAYS (Tues. & Thurs.) <input type="checkbox"/> 3 DAYS (Mon., Wed. & Fri.) <input type="checkbox"/> 5 DAYS (Mon. - Fri.)	SCHOOL YEAR _____ CLASS _____ <input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY <input type="checkbox"/> 2 DAYS (Tues. & Thurs.) <input type="checkbox"/> 3 DAYS (Mon., Wed. & Fri.) <input type="checkbox"/> 5 DAYS (Mon. - Fri.)	SCHOOL YEAR _____ CLASS _____ <input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY <input type="checkbox"/> 2 DAYS (Tues. & Thurs.) <input type="checkbox"/> 3 DAYS (Mon., Wed. & Fri.) <input type="checkbox"/> 5 DAYS (Mon. - Fri.)	SCHOOL YEAR _____ CLASS _____ <input type="checkbox"/> HALF DAY <input type="checkbox"/> FULL DAY <input type="checkbox"/> 2 DAYS (Tues. & Thurs.) <input type="checkbox"/> 3 DAYS (Mon., Wed. & Fri.) <input type="checkbox"/> 5 DAYS (Mon. - Fri.)
EARLY DROP (if needed)			

AUTHORIZATION FOR EMERGENCY MEDICAL CARE		
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE. IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE STONE CHURCH PRESCHOOL TO CONTACT THE FOLLOWING:		
PHYSICIAN OR CLINIC		
NAME	TELEPHONE NUMBER	
PERFERERED HOSPITAL		
NAME	TELEPHONE NUMBER	
HEALTH REPORT OF PRESCHOOLER		
PLEASE LIST ANY ALLERGIES, MEDICATIONS, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS, AND RESTRICTIONS:		
ACKNOWLEDGEMENTS		
THE FOLLOWING POLICIES ARE EXPLAINED IN THE STUDENT HANDBOOK. THE HANDBOOK CAN BE FOUND ON OUR WEB PAGE OR YOU MAY PICK ONE UP IN THE OFFICE.		
A	I HAVE READ THE ENROLLMENT LETTER AND AGREE TO THE TERMS THE TUITION SCHEDULE.	PARENT/GUARDIAN INITIALS
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE CENTERS IS AVAILABLE AT THE OFFICE FOR REVIEW.	PARENT/GUARDIAN INITIALS
C	THIS CERTIFIES THAT MY CHILD IS, TO MY KNOWLEDGE, IN GOOD HEALTH AND FREE OF DISABILITIES THAT WOULD ENDANGER HIM/HER OR OTHER CHILDREN IN PRESCHOOL	PARENT/GUARDIAN INITIALS
D	WHEN MY CHILD IS ILL , I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS AND A MEDICAL EXAMINAITION REPORT.	PARENT/GUARDIAN INITIALS
F	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING STONE CHURCH PRESCHOOL FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS
G	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE MY PERMISSION FOR MY CHILD TO TAKE PART IN FIELD TRIPS OR EXCURSIONS WITH STONE CHURCH PRESCHOOL. I UNDERSTAND THAT AT TIMES TRANSPORTATION TO A FIELD TRIP MAY BE PROVIDED. IT IS MY UNDERSTANDING THAT I WILL BE NOTIFIED WHEN SUCH TRIPS ARE PLANNED.	PARENT/GUARDIAN INITIALS
H	AT STONE CHURCH PRESCHOOL, STAFF OR OTHER AUTHORIZED PERSONS, FREQUENTLY TAKE PHOTOGRAPHS AND VIDEOTAPES OF SPECIAL EVENTS AND DAILY ACTIVITIES. THESE PHOTOGRAPHS AND VIDEOTAPES MAY BE USED FOR THE STONE CHURCH PRESCHOOL WEB SITE, PROGRAMS, AND FOR DECORATING THE SCHOOL. <input type="checkbox"/> I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED/VIDEOTAPED WHILE PARTICIPATING IN PROGRAMS AT, OR SPONSORED BY, STONE CHURCH PRESCHOOL. NO NAMES WILL BE LISTED ON THE WEB SITE. CHILDREN'S FACES WILL BE BLURRED. <input type="checkbox"/> I GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED/VIDEOTAPED FOR IN SCHOOL PURPOSED ONLY. I PREFER FOR MY CHILD'S PHOTOGRAPH <u>NOT</u> TO BE USED FOR WEB SITE PURPOSES. <input type="checkbox"/> I PREFER FOR MY CHILD <u>NOT</u> TO BE PHOTOGRAPHED/VIDEOTAPED WHILE PARTICIPATING IN PROGRAMS AT, OR SPONSORED BY, STONE CHURCH PRESCHOOL.	PARENT/GUARDIAN INITIALS
PARENT'S/GUARDIANS/SIGNATURE		DATE
PARENT'S/GUARDIANS/SIGNATURE		DATE
PARENT/GUARDIAN SIGNATURE		DATE
PARENT/GUARDIAN SIGNATURE		DATE