

Stone Church Preschool Enrollment Form



CHILD'S FIRST NAME CHILD'S LAST NAME CHILD'S NAME TO BE USED BIRTH DATE

ADDRESS (Street, City, State, Zip Code)

FEMALE
MALE

ADMISSION DATE

DISCHARGE DATE

IDENTIFYING INFORMATION

PARENT'S/GUARDIANS NAME		PHONE NUMBER
ADDRESS (if different from child)		ALTERNATE PHONE NUMBER
EMAIL ADDRESS		
.....		
PLACE OF WORK: address, city, state, zip code	WORK PHONE NUMBER	WORK SCHEDULE

PARENT'S/GUARDIANS NAME		PHONE NUMBER
ADDRESS (if different from child)		ALTERNATE PHONE NUMBER
EMAIL ADDRESS		
.....		
PLACE OF WORK: address, city, state, zip code	WORK PHONE NUMBER	WORK SCHEDULE

EMERGENCY INFORMATION

AND PERSONS AUTHORIZED TO TAKE CHILDREN (other than parents)

EMERGENCY CONTACT 1 In the event of an emergency, please contact:

NAME (First/Last)

PHONE NUMBER

ADDRESS

RELATIONSHIP

EMERGENCY CONTACT 2 In the event of an emergency, please contact:

NAME (First/Last)

PHONE NUMBER

ADDRESS

RELATIONSHIP

OTHER PEOPLE AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL other than parents or emergency contact

NAME (First/Last)

PHONE NUMBER

NAME (First/Last)

PHONE NUMBER

NAME (First/Last)

PHONE NUMBER

NAME (First/Last)

PHONE NUMBER

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:

DOCTOR

DOCTOR'S PHONE NUMBER

PREFERRED HOSPITAL

HOSPITAL PHONE NUMBER

PLEASE LIST ANY OF THE FOLLOWING: ALLERGIES(INCLUDING FOOD & MEDICATION) MEDICAL CONDITIONS, MEDICATIONS, CHRONIC HEALTH PROBLEMS, AND RESTRICTIONS:

ACKNOWLEDGEMENTS

THE FOLLOWING POLICIES ARE EXPLAINED IN THE STUDENT HANDBOOK.

THE HANDBOOK CAN BE FOUND ON OUR WEBSITE OR YOU MAY PICK ONE UP IN THE OFFICE.

Please Initial

A. I HAVE READ THE ENROLLMENT LETTER AND AGREE TO THE TERMS OF THE TUITION SCHEDULE.
B. I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE CENTERS IS AVAILABLE AT THE OFFICE FOR REVIEW.
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.
D. WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT HE/SHE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.
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 EXAMINATION REPORT.
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.
G. I DO <input type="checkbox"/> I DO NOT <input type="checkbox"/> GIVE 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.
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 WEBSITE, PROGRAMS, AND FOR DECORATING THE SCHOOL. 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 WEBSITE OR SOCIAL MEDIA. AND CHILDREN'S FACES WILL BE BLURRED. I GIVE MY PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED/VIDEOTAPED FOR IN <u>SCHOOL PURPOSES ONLY</u> . I PREFER FOR MY CHILD'S PHOTOGRAPH <u>NOT</u> TO BE USED FOR WEBSITE PURPOSES I PREFER FOR MY CHILD NOT TO BE PHOTOGRAPHED/VIDEOTAPED WHILE PARTICIPATING IN PROGRAMS AT OR SPONSORED BY STONE CHURCH PRESCHOOL.

PROGRAM AND SIGNATURE PAGE

PROGRAM	SCHOOL YEAR first year	HOURS	DAYS OF THE WEEK REQUIRED
Early Preschool (2 & 3 year-old)		Half-Day 9:00-12:00	Monday
Preschool (3 & 4 year-old)		Full-Day 9:00-3:30	Tuesday
Pre-K (4 & 5 year-old)		EXTENDED DAY/EARLY DROP OFF (specify time)	Wednesday
			Thursday
			Friday

I HEREBY CERTIFY that the information provided in this form is complete, true and correct to the best of my knowledge
SIGNATURE DATE

PROGRAM	SCHOOL YEAR fill our next year	HOURS	DAYS OF THE WEEK REQUIRED
Early Preschool (2 & 3 year-old)		Half-Day 9:00-12:00	Monday
Preschool (3 & 4 year-old)		Full-Day 9:00-3:30	Tuesday
Pre-K (4 & 5 year-old)		EXTENDED DAY/EARLY DROP OFF (specify time)	Wednesday
			Thursday
			Friday

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SIGNATURE DATE

PROGRAM	SCHOOL YEAR fill out next year	HOURS	DAYS OF THE WEEK REQUIRED
Early Preschool (2 & 3 year-old)		Half-Day 9:00-12:00	Monday
Preschool (3 & 4 year-old)		Full-Day 9:00-3:30	Tuesday
Pre-K (4 & 5 year-old)		EXTENDED DAY/EARLY DROP OFF (specify time)	Wednesday
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