

Precious Promises Preschool Registration Form

Non refundable Registration Fee of \$30 must accompany this form to be considered registered.

Please indicate which class is appropriate for your child:

_____ **3 & 4-year-olds** (3 by Sept. 1, 2009)

Tues./Thurs. AM

9:00 a.m. – 11:00 a.m.

Tuition: \$50.00 per month

_____ **Pre-K** (Must be entering Kindergarten in the next school year)

Mon./Wed./Fri. Mornings

9:00 a.m. – 11:30 a.m.

This class will focus on kindergarten readiness

Tuition: \$60.00 per month

Name: _____ **M:** _____ **F:** _____
(Last First Middle)

Address:

_____ **City** _____ **State** _____ **Zip** _____

Birth date: _____ (m/d/yyyy) **Age as of September 1, 2009:** _____

Previous Preschool? Yes _____ **Location:** _____
No _____

Father's Name: _____ **Mother's Name:** _____

Occupation: _____ **Occupation:** _____

Church Affiliation: _____ **Church Affiliation:** _____

Work Phone: _____ **Work Phone:** _____

Cellular Phone: _____ **Cellular Phone:** _____

Home Phone: _____ **Home Phone:** _____

Siblings in Family
_____ # older _____ # younger

Are the family members or attendees of First Christian Church?
_____ yes _____ no

Health Problems and Allergies (if any for your child):

Insurance Carrier: _____

Policy Number: _____

Primary Care Physician: _____

Phone Number: _____

Does your child take any medications: _____ yes _____ no

If you answered yes please list medications:

Emergency Contact 1:

Emergency Contact 2:

Name: _____

Name: _____

Phone: _____

Phone: _____

Medical Treatment Release

In the event of an emergency, whenever possible, parents or emergency will be notified and asked to take their child to their family physician for medical treatment. If no parent or guardian can be reached, we will call 911 to have the child transported by ambulance to the local hospital. In the event that my child is injured or should require medical attention, I hereby authorize the First Christian Church Pre-School staff to secure necessary medical treatment. Confirmation of this authorization should be made with me prior to treatment by calling me at the above listed phone number. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization.

Parent/Guardian: _____ *Date:* _____

I understand that by enrolling my child in the preschool at First Christian Church I agree to abide by the fee schedule and pay such fees when they are due. **Fees for the month will be due on the first Thursday or Friday of the month depending upon which class your child participates in. All fees not paid by the due date will be subject to a \$5.00 late fee for each day late.** The preschool will follow the Northeast School Corporation calendar and will only be in session on those days that the Northeast School Corporation is in session. Snow days will also be determined according to decision made by the Northeast School Corporation.

Parent/Guardian: _____ **Date:** _____

Precious Promises Preschool
First Christian Church
8175 E. Main Street
P.O. Box 177
Dugger, IN 47848
(812) 648-2323