

Today's Date: _____ Date you wish to enroll your child: _____

Child Information

Child's Name: _____ Date of Birth: _____ Gender: M / F
Child's Address: _____ City: _____ Zip: _____

Mother/Guardian

Mother's Name: _____
Address: _____ City: _____ Zip: _____
Occupation: _____ Email: _____
Work Phone () _____ Home Phone () _____ Cell Phone () _____
Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian

Father's Name: _____
Address: _____ City: _____ Zip: _____
Occupation: _____ Email: _____
Work Phone () _____ Home Phone () _____ Cell Phone () _____
Marital Status: Married Single Divorced Separated Widowed Other _____
List any existing medical conditions, medication and/or special attention your child may require: _____

Allergies: _____ Church Affiliation, if any: _____
Number of siblings: _____ Names & Ages: _____

Emergency Contacts & Authorized Pickup Persons:

By adding people to this list, you authorize them to pick your child up or drop them off and you allow us to contact them if we cannot reach you in case of urgent need.

1st Emergency Contact/Pick Up

Name: _____ Phone: _____ Relationship to the Child: _____

2nd Emergency Contact/Pick Up

Name: _____ Phone: _____ Relationship to the Child: _____

3rd Emergency Contact/Pick Up

Name: _____ Phone: _____ Relationship to the Child: _____

Where did you first hear about our program? Please circle one

Website Church Outside banner Other Referral (please name) _____

Child's Name: _____

Please write a brief evaluation of your child's personality: _____

What is the most important thing you want your child to derive from our program? _____

Does your child have any special needs (i.e. fears, feelings of insecurity, physical needs, etc...)? If so, how can we best help them? _____

Does he/she relate well to other children and adults? _____

Favorite play activity: _____

What language(s) is/are spoken at home? _____

Does your child have language difficulties or any special problems? _____

What type of discipline (guidance) is used at home? _____

Are there any cultural practices, holidays, family hobbies, or special skills (foreign language, bird watching, cooking, career skills etc.) you would like to share with the school or in your child's classroom? _____

Parental Agreement

Forms & Policies

I have received and returned all required forms.

I have read the Parent Handbook which outlines the policies and procedures of Discovery Place Preschool. I understand these policies and agree to abide by them. I have read and agree to abide by the discipline policies outlined in the Parent Handbook. I understand that failure to comply with school rules is grounds for expulsion.

I have read and understand the Emergency Procedures as outlined in the Parent Handbook.

In case of emergency or serious illness where the parent cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation for my child.

Signature of Parent/Guardian _____ Date Signed ____/____/____

Communications & Security

I agree that it is the responsibility of both the staff of Discovery Place Preschool and I/we as parent(s) to keep an open line of communication. If I have a concern involving my child or his/her class, I will go directly to his/her teachers or the Preschool Director to resolve the issue.

I understand that for security reasons, I (or persons authorized by me) must escort my child to and from the classroom and shall not leave them unattended anywhere in the building or on the school premise.

Child's Name: _____

I give permission for my phone number, email, and home address to be included in a class directory or any other form of branch communication for purposes of relaying important information and connecting families.

I give permission for photographs to be taken of my child by authorized staff/parents at Wasatch Presbyterian Preschool. These photos may be used on bulletin boards, in the classrooms, and occasionally on school brochures/website. Pictures used for brochures/website will not identify the children shown.

Signature of Parent/Guardian _____ Date Signed ____/____/____

Tuition Payment & Fees

I understand that tuition is paid via check or credit/debit card. Tuition payments are due by the 5th of each month. I understand that if, for any reason, tuition payment is not received by the 5th of the month, a late fee of \$20 will be incurred and must be paid with the late tuition payment.

Automatic payments are available for the convenience of families. I agree that if I set up automatic payments, I am the one who will be responsible to cancel the payments when my child no longer attends the school.

I understand that upon acceptance, a \$100 registration fee and the last month's tuition are due. Both are nonrefundable (*Exceptions will only be considered in the event of circumstances beyond the control of Discovery Place Preschool, in which school closure or postponement are necessary). The last month's tuition holds and guarantees my child's placement for the year and is credited toward May tuition only. If these payments are not received, I relinquish my child's spot in the program with no fees refunded.

I understand I will be charged a late pick-up fee of \$5.00 per 5 minutes I am late for pickup.

I understand that I must pay the full monthly tuition, whether my child is in attendance each day or not. I agree to give at least four weeks' notice if withdrawing from the preschool, and I will be responsible for paying that months tuition.

Signature of Parent/Guardian _____ Date Signed ____/____/____

Liability Release Agreement

Your signature below indicates you have read and agree to the program guidelines as written in the "Discovery Place Preschool Parent Handbook". In the event of accident or illness to your child, your signature also indicates you indemnify and agree not to hold liable the following parties: Christ United Methodist Church, Discovery Place Preschool Teachers, substitute teachers, Director, Church Administrators, Trustees, Coordinators, or other employees/volunteers as associated with the program.

Parent #1 Signature: _____ Print Name: _____ Date: _____

Parent #2 Signature: _____ Print Name: _____ Date: _____