

FIRST PRESBYTERIAN CHURCH NURSERY SCHOOL PROGRAM

**Twenty Kings Highway, East
Haddonfield, New Jersey 08033
(856) 429-0609**

ENROLLMENT FORM

Child's Name _____ Nickname _____

Address _____

Home Phone _____ Cell Phone # _____

E-mail
Address _____

Birth date _____ Class Name _____

Father's Name _____ Business Phone _____

Occupation _____

Mother's Name _____ Business Phone _____

Occupation _____

Child's siblings
Name _____ Birth date _____

What expectations do you have for your child during the coming school year? _____

What is the child's previous group experience? _____

What is the most effective way of comforting your child? _____

Emergency Contacts if parents cannot be reached:

Names 1. _____ Phone _____

2. _____ Phone _____

Family Physician _____ Phone _____

Parent consent to call physician if needed _____ "yes", _____ "no"

Physical handicaps or allergies _____

MEDICAL AUTHORIZATION:

I authorize the Preschool Staff to take whatever emergency medical measures are deemed necessary for the protection of my child while he/she is in their care.

I understand that this authorization includes calling the physician named above/and or the paramedics, implementing his/their instructions, and transporting my child to a hospital or clinic without first obtaining my consent. Attempts will be made to call parents and/or emergency contacts. "yes" _____ "no" _____

PARENT CONSENT ON CLASS LISTS/PICTURES/ACTIVITIES:

Prior notice for walking/driving field trips is presented in Newsletters, Teacher Notices, and on Bulletin Boards.

Parent consent for walking field trips: "yes" _____ "No" _____

I give permission for my child's class list to be distributed to classmates and/or posted in class: "yes" _____ "no" _____

I give permission for my child's picture/class picture to be displayed on Bulletin Boards and Newsletters: "yes" _____ "no" _____

I give permission for my child's picture/class picture to be displayed in a Brochure or on the Preschool Web Page - haddonfieldpres.org - no names are printed: "yes" _____ "no" _____

I give permission for in house preschool activities, as "rainy day" gym time in Fellowship Hall: "yes" _____ "no" _____

TUITION TERMS:

Enrollment is for the entire year. Parents accept responsibility for payment fees regardless of absence, illness, snow days, or voluntary drop-out.

- Registration Fee and Enrollment Fee is non-refundable/non-transferable.
- "Requested Leave" is leaving the program with a request from Director/ Preschool Board. A requested leave date will be posted from the office. Payment refund will include class days following this date.
- A fine may be due for perpetual late pick up of child of \$15 for the first 15 minutes and \$5 each additional 5 minute segment.
- Tuition due by a member joining mid-month will be pro-rated.
- Total tuition payments should be completed in January. Completion of total tuition payments permits enrollment for Summer School and the following school year.

PARENT SIGNATURE

"I (We) have reviewed and agree to all of the above." _____ (date)