

**SHILOH BAPTIST CHURCH PRESCHOOL
2010-2011 SCHOOL YEAR
ENROLLMENT FORM**

CHILD INFORMATION

Start Date: _____ Schedule: Full Day Half Day 3 Days/Week Four Year Old Program

First Name: _____ MI _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female Primary Language: _____

Physician's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Allergies: _____

Special Needs: _____

Custody Issues (Please attach court orders): _____

PARENT INFORMATION

Parent/Guardian Name

Parent/Guardian Name

Phone # 1

Phone #1

Phone #2

Phone #2

Address

Address

City State Zip

City State Zip

Email Address

Email Address

Custodial Parent (If married, mark both parents)

Custodial Parent (If married, mark both parents)

EMERGENCY CONTACTS & AUTHORIZED ALTERNATES FOR PICK UP

Please list persons authorized by parents/guardians to be contacted in the event of an emergency and authorized to pick up children from Shiloh Baptist Church Preschool. **Please write full legal names for verification of identification.**

Alternate #1 Name

Alternate #2 Name

Relationship to Child

Relationship to Child

Phone # 1

Phone # 1

Phone #2

Phone #2

Alternate #3 Name

Alternate #4 Name

Relationship to Child

Relationship to Child

Phone # 1

Phone # 1

Phone #2

Phone #2

ENROLLMENT OF SERVICES

I consent to the enrollment my child _____ at Shiloh Baptist Church Preschool.

I have provided information that is the best to my knowledge and I have not intentionally provided false information regarding my child or my custody situation. I know that by providing misleading or fraudulent information can result in the immediate dismissal of my child from the program and I will be responsible for all tuition and late fees in addition to the two weeks tuition for breaking the agreement. I have read, understand and agree with all policies of the Parent Handbook and will abide by them. I understand that it is my responsibility to provide transportation, adequate clothing, supplies (as needed) and nutritional lunches for my child.

Upon completing and returning this enrollment form, I have included the following: \$50.00 registration fee, a deposit in the amount of \$_____ (equal to one week's tuition to be applied to the first week of the school year), signed Child Care Agreement, signed Fee Agreement, notarized Medical Authorization Form, signed Photo Release Form, Updated Immunization Record (Blue Form) and Updated Physical (Yellow Form). I understand that without **ALL** of the items listed above, a spot **will not** be reserved for my child.

Parent/Guardian Signature

Date

Director Signature

Date

**SHILOH BAPTIST CHURCH PRESCHOOL
2010-2011 SCHOOL YEAR
FEE AGREEMENT**

Hours of Operation: Monday Through Friday, 6:30am – 6:00pm

Ages Served: 12 months through Pre-Kindergarten

Registration Fee: \$50.00 per child

Deposit: Equal to One Week's Tuition to Reserve Spot

Tuition Rates:

One Year Olds –	
Full Day	\$150.00/week
3 Days/Week	\$120.00/week
Half Day	\$90.00/week
Two Year Olds –	
Full Day	\$150.00/week*
3 Days/Week	\$120.00/week*
Half Day	\$90.00/week*
Three Year Olds –	
Full Day	\$125.00/week
3 Days/Week	\$100.00/week
Half Day	\$80.00/week
Four Year Olds –	
Full Day	\$80.00/week

Children in the Two Year Old class that are determined, by their teacher, to be fully potty trained (including naptime) will be charged the Three Year Old class rates.

Late Payment Fee: \$5.00 per day

NSF/Returned Check Fee: \$25.00 per check

Diaper Fee: \$2.00 per diaper provided

Supply Fee: \$2.00 per tissues or wipes container provided

Late Pick Up Fee: \$2.00 per minute after 6:00pm

Supplement Lunch Fee: \$3.00 per occurrence

Emergency Lunch: \$5.00 per occurrence

By signing below I am stating that I understand and agree to the terms of the above fee agreement. I understand that these are the rates I am agreeing to pay for the programs offered and I will not ask for a discount or special rate.

I also understand that the rates and fees of this school year may not be the rates and fees for next school year. In the event this happens, I agree to pay the new rates if I choose to continue my child's care with Shiloh Baptist Church Preschool or forfeit my child's spot in the center.

I further agree to pay all fees and late fees as stated above and any and all attorney fees, court costs and collection costs related to the collection of my account not to exceed 50% of my total account.

Parent /Guardian Signature

Date

Director Signature

Date

**SHILOH BAPTIST CHURCH PRESCHOOL
EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION AUTHORIZATION FORM**

Child's Name

Child's Date of Birth

Physician/Pediatrician

Dentist

Physician Phone #

Dentist Phone #

Insurance Company

Policy #

Any Known Allergies (Environmental, Food, Non-Food, Medication – Be Specific)

Medical Conditions

I hereby give my consent and authorize Shiloh Baptist Church Preschool to seek emergency treatment for my child. I give my consent and authorization for any health facility, physician, or hospital to provide necessary medical treatment to my child, in the event of an emergency, at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

I will take full responsibility for payment of all medical services rendered due to an emergency situation.

Parent/Guardian Signature

Printed Name

Sworn to and subscribed before me this _____ day of _____, 20____ by

_____.

Name of Person Acknowledging

Personally Known: _____

Produced Identification: _____

Type: _____

Signature of Notary Public, State of Florida

Notary Stamp or Seal Above

Printed or Typed Name of Notary as Commissioned

My Commission Expires

**SHILOH BAPTIST CHURCH PRESCHOOL
PHOTO RELEASE FORM**

Child's Name

Child's Date of Birth

I understand that Shiloh Baptist Church Preschool may offer pictures during the year. I understand that I have the option to purchase photos that are taken of my child or pictures that my child is in but I am under no obligation to do so.

Shiloh Baptist Church Preschool has my permission to make films, videos, and/or audio tape, recordings, slides or print/digital photographs of my child during classroom activities or other school-related functions. I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image of my child may be used including the advertising copy or other matter that may be used in connection or the use to which it may be applied.

Yes, I give permission.

No, I do not give permission.

If you checked yes, please complete the following section:

The media may be used on the preschool/church website

Yes

No

The media may be used in official business, including but not limited to: newsletters, yearbooks, brochures, and advertisements.

Yes

No

This release will supersede any previous releases on file.

Parent/Guardian Signature

Date

Director Signature

Date