



# Solid Rock Preschool Enrollment Form 2018-2019

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Custodial Parent(s):  Mother  Father  Both  Other (*Relationship* \_\_\_\_\_)

*\*\*When the custody of any child is in question, we must act in accordance with the rulings of the court. All legal papers pertaining to custody must be on file with our office*

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Is your family members of or attending any church? \_\_\_\_\_

If so, where? \_\_\_\_\_

Please check Yes or No:

\_\_\_\_ Yes \_\_\_\_ No for permission to include contact information on class list.

\_\_\_\_ Yes \_\_\_\_ No for permission to take photos of your child for possible use in advertisements.

Two People to call if parents cannot be reached:

\_\_\_\_\_  
*Name Relationship Telephone Number*

\_\_\_\_\_  
*Name Relationship Telephone Number*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student Release: Please list below ALL people and their telephone numbers who are authorized to pick up your child/children. Any person wishing to pick up your child must be listed below.

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I understand and agree that when the above listed person(s) picks up my child at the end of the school day Solid Rock Baptist Church is longer responsible for my child even if the person I have authorized to pick up my child is an employee of Solid Rock Baptist Church.

### HOLD HARMLESS

In the event of an emergency Solid Rock Baptist Church, employees and/or agents will make every effort to contact me however, should I be unavailable, I do hereby grant permission for Solid Rock Baptist Church employees and/or, agents to obtain emergency medical attention in case of sickness or injury, to my child. In consideration for you allowing my child to participate in the Solid Rock Preschool: I hereby release, absolve, indemnify, hold harmless, and forever discharge Solid Rock Baptist Church, its employees, agents, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage to my child as a result of emergency medical decisions made, in good faith, by Solid Rock Baptist Church, its employees, agents, or any supervisors appointed by them. I agree that any dispute, claim, questions, or disagreement arising out of or relating to said participation in the Preschool, which can not be otherwise resolved shall be submitted to mediation and if necessary legally binding arbitration as adopted by Solid Rock Baptist Church. As a result, I expressly waive any and all rights at law and equity to bring any civil matter before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court have jurisdiction thereof.

### NOTICE OF NONDISCRIMINATORY POLICY

Solid Rock Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs. Solid Rock Preschool is not licensed and is not required to be licensed by the State of Georgia. We comply with zoning, certificate of occupancy, fire inspection, and health department requirements. By signing below, I hereby verify the information given on this form is correct.

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Parent's Signature

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Date