

ADMISSION INFORMATION

Operation Name St. Gregory's Preschool		Director's Name Elizabeth Rivera	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

1. WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in Water Activities:	
	<input type="checkbox"/> sprinkler play	<input type="checkbox"/> splashing/wading pools	<input type="checkbox"/> swimming pools <input type="checkbox"/> water table play
2. RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
<input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<hr style="width: 80%; margin: 0 auto;"/> Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian	Date
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IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.
Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's signature
Date
2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature—Parent or Legal Guardian
Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature – Parent or Legal Guardian

Date

Financial Agreement

St. Gregory's Preschool St. Gregory's Episcopal Church

With the enrollment of _____ (child) in St. Gregory's Preschool, I agree to comply with the following financial agreements:

1. Pay annual registration fee of \$60 due at registration. This fee is non-refundable.
2. Pay the supply fee \$ _____ due at registration (August) and again in January.
3. Pay all monthly tuition on the 1st of the current month.
4. Pay a \$15 late fee for tuition received in the preschool office or postmarked after the 7th- 15th of the month. Pay an additional fee of \$30 if received after the 15th.

Unpaid tuition will result in your child being dismissed from the program. NO REFUNDS WILL BE GIVEN.

5. Prepayment of the last month's tuition is required for each child.
One lump sum payable on or before August 31st.
6. If you withdraw your child from the program for any reason, you must give 2 weeks written notice. If you are not able to give a 2 week written notice, you must still pay the tuition fees for the following month.
7. Before and after care take place from 8:30am-9:25 am and then again from 2:35pm-3:30pm. The fees are \$6 per hour and \$3 per half hour. The fee will be charged to the following monthly tuition bill.
8. A fee of \$35 will be assessed for all returned checks. Two returned checks will necessitate a cashier's check or money order payment each month thereafter.
9. No cash payments are accepted for tuition. Payment options are check, cashier's check or money order. Make them payable to: SGP or St. Gregory's Preschool
10. Your Preschool account balance must be current for this school year before you can register for the next fall.

Parent/Guardian Signature Date

Director Signature Date

ADMISSION INFORMATION

Student Information Sheet

Child's full name _____

Home phone _____ Birthday _____

Address _____ City _____ Zip _____

Email address _____

DOES THE CHILD HAVE ANY ALLERGIES? _____

If yes, please list and explain _____

Does the child have a room of his/her own? _____

Are toilet habits normal? _____

Are eating habits normal? _____

Any emotional fears? _____

Favorite play _____

Favorite TV Program _____

Does the child go to Sunday School? _____

Any special groups the child attends (art, music, etc.) _____

What is the child's attitude toward school? _____

Has child attended a program like this before? _____

Is child right or left handed? _____

Mother's Name _____

Occupation _____ Business or cell # _____

Church membership _____ Active (Yes/No) _____

Father's Name _____

Occupation _____ Business or cell # _____

Church membership _____ Active (Yes/No) _____

Other members of household (including pets and their names) _____

ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL TO US

ADMISSION INFORMATION

St. Gregory's Episcopal Preschool Release Form

Child's name: _____

St. Gregory's has a web site and would like to post pictures of children in the program. No names are published-pictures only. We also video our students from time to time for in house use only. Please initial below:

___ I do give permission for my child's picture to be used on the St. Gregory's Preschool web site and Facebook Page.

___ I do give my permission for my child to be video and/or photographed for preschool use only.
(Photographs are used for general craft projects throughout the year)

Parent Signature _____ Date _____

ADMISSION INFORMATION

Pick-Up Authorization

I hereby authorize St. Gregory's Episcopal Preschool to allow my child to leave the facility ONLY with the following persons:

Name & Phone Number _____

Driver's License Number _____

Name & Phone Number _____

Driver's License Number _____

Name & Phone Number _____

Driver's License Number _____

Name & Phone Number _____

Driver's License Number _____

If an individual is not listed on the above security form, we must have written permission from a parent in order to release the child. In addition, we must ask that you provide the person with a parent's driver's license number. We will ask for this number in order to release your child.

Parent or Guardian Signature: _____