

GBTC Office Use Only!
 The following documents must accompany this application:
 Birth Certificate ____
 Immunization Card ____
 Social Security Card ____
 Copy of Parent's Drivers License ____



GBTC Official Use Only!
 Acceptance Date: ____
 Notified By: ____
 Amt Pd: ____
 Date: ____
 Check #: ____
 Reg. Fee: ____
 1st Tuition: ____

Little Saints Academy of Greater Bethlehem Temple
PRE-SCHOOL ENROLLMENT APPLICATION

NOTE: The submission of this form does not guarantee placement in the child care program. Space is limited. A non-refundable \$100.00 registration fee must accompany this application. Make checks payable to Greater Bethlehem Temple Church and indicate for Child Care Registration. Once all documents and fees are submitted, parents will be notified of placement.

Child's Name: (Last) _____ (First) _____

Date of Birth: _____ Sex: M or F (circle one) _____ Age: _____

Is child potty trained? YES NO Current caregiver: _____
 Curriculum used at prior school: _____

Parent/Guardian Information

Father Name: (Last) _____ (First) _____

Address: _____ City, State, Zip _____

Home Phone: _____ Cell: _____ Office: _____

Occupation/Employer: _____

Work Address: _____ City, State, Zip _____

Email Address: _____

Mother Name: (Last) _____ (First) _____

Address: _____ City, State, Zip _____

Home Phone: _____ Cell: _____ Office: _____

Occupation/Employer: _____

Work Address: _____ City, State, Zip _____

Email Address: _____

Note: Tuition fees will be accepted using automatic bank drafts or credit card payments made online at the Greater Bethlehem Temple website. Payments must be made every two weeks or once per month or annually, but weekly payments will not be accepted. Tuition fees will not be accepted at the child care center. A discount of \$10.00 will be given for families with more than one child attending the center. Rates are listed below.

Tuition Rates:	Biweekly	Monthly (4 wk or 5 wk month)
One and Two Years	\$270.00	\$540.00 or 675.00
Three – Five Years	\$250.00	\$500.00 or 625.00

Hours of Operation: 6:30 a.m. – 6:00 p.m. Monday - Friday

NOTE: Annual Resource and Curricula Fees are \$100.00 per child payable with first tuition payment and \$100.00 (reg. fee) must be submitted with application for placement and must be paid each year.

Are you interested in participating in the DHS voucher program? YES NO If yes, contact the administration office at 601-354-2599 and ask for the child care office manager.

“Building on a Righteous Foundation”

1505 Robinson Street • Jackson, Mississippi 39203 • Phone: 601-354-2599 • Fax: 601-353-3339

EMERGENCY CONTACT INFORMATION & PROCEDURES

Please indicate whom we should contact in case of an emergency (other than parent).

1 st Choice:	CELL:	Alt Phone:
2 nd Choice:	CELL:	Alt Phone:

Please list the name(s) or person(s) other than parent or legal guardian to whom child may be released.

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

4. _____ Relationship: _____

List the name of any person your child **can not be** released to: _____

Are there any restrictions on your child’s activities that we should be aware of? YES NO

If yes, please explain.

List any medical information/concerns or allergies you would like to share, which might help better serve your child. This information is confidential.

Allergies:

Medications (include purpose, dosage, frequency, and how it should be administered according to medical directions):

Medications will only be given as prescribed by doctor and written on medicine container.

In case of divorced or separated parents, are there any legal restrictions on the release of child to either parent? YES or NO
If so, please provide formal documentation to keep in your child’s file.

Emergency Instructions

- I give permission to Little Saints personnel to **secure** emergency medical and/or surgical treatment for the minor child (listed on page 1) while in its care.
- I do not give permission to Little Saints personnel to secure emergency medical and/or surgical treatment for the minor child listed while in its care.

Hospital preferred in case of emergency:	Phone:
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FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Please check the items in which you would like to allow your child to participate.

- News information release** (There may be times when staff members, news media, or others may wish to photograph or videotape your child during the program – name, portrait, picture, voice, or likeness.)
- Communication release** (There may be times during the program that others wish to identify your child by name and grade in newsletters and publications.)
- Artwork release** (There may be times during the program that staff members, news media or others wish to use artwork created by your child for use in print, video, Internet, or other communications methods.)

PARENT/GUARDIAN CONSENT

By signing below, I give permission for my child, _____, to participate in the Little Saints Academy understanding that child care personnel will adhere to my requests given according to responses on this application. I acknowledge the above Family Educational Rights and Privacy Act statements and expect personnel to adhere to responses given. Furthermore, I give consent or lack of consent (as indicated above) for a medical provision of emergency care while enrolled. I give permission to use artwork, videos, photographs, voice, or likeness of my child for promotional purposes (as indicated above) in a variety of mediums for the early child care center and local coverage of program events.

Father Name: (PRINT)

Mother Name: (PRINT)

Father Signature:

Date:

Mother Signature:

Date:

Field Trip Permission

I give my child, _____, permission to participate in field trips as part of his/her experience at Little Saints Academy. I release Little Saints Academy from all liability for injury which might result from said field trips. I understand that I will be informed in advance of all field trips.

Father Name: (PRINT)

Mother Name: (PRINT)

Father Signature:

Date:

Mother Signature:

Date:

Release of Liability

I do hereby release Little Saints Academy and its staff from any and all liability that may arise from any future injury to my child, _____, resulting from other than willful or malicious actions by the releases, or any of them.

Father Name: (PRINT)

Mother Name: (PRINT)

Father Signature:

Date:

Mother Signature:

Date:

One Child Per Application

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