

Thyatira Presbyterian Preschool Registration 2021-2022

Student Information

Student Name:	Nickname/Preferred Name:
Gender:	Home Phone:
Mailing Address:	
Birth Date:	Age (as of 8/31/21):

I wish to enroll my child in the following class: (circle one) 2 Year Old 3 Year Old 4 Year Old
 Registration fee: \$75 (\$25 for each additional sibling)
 Monthly Tuition: 2's cost is \$135 for 3 days/wk option (Tue, Wed, Thu) or \$155 for 5 days/wk option
 3's & 4's is \$155 a month and attend 5/days week.

NOTE: We are committed to offering a minimum of 3 days/wk care for 2 Year olds. The 5 days/wk option may not be available depending on enrollment. If you are open to either, circle both.

Parent/Guardian Information

Mother's Name: _____

Mailing Address: _____

Home Phone:	Cell Phone:
Email Address:	Business Phone:
Employer:	Employer Address:

Father's Name: _____

Mailing Address: _____

Home Phone:	Cell Phone:
Email Address:	Business Phone:
Employer:	Employer Address:

Child Lives with (please circle): Mother Father Both Other

If "other" please describe: _____

Does your family have a church home? If so, where? _____

Please read the following and initial at each line below to note your understanding. More information will be included in the Parent/Student Handbook at orientation.

_____ I understand that my child must be the age that applies to the class for which we are registering. The cut-off date is August 31 of this coming school year.

_____ I understand that a \$75 non-refundable deposit must be included with this registration form in order to hold my child's place in school.

_____ I understand that I must include a copy of my child's immunization record and insurance card in order for the application to be complete.

_____ I understand that the tuition fees are due on the 25th of the month prior. If the 25th lands on a weekend or holiday, payment is expected to be paid the next school day. If payment is not received by the due date at 11:30am, there will be a \$10 late fee added to your child's account. If not paid by the 10th of the month, a \$25 late fee will be added. If not paid by the 15th of the month, your child will not be able to attend until all monthly and late fees have been paid in full. A payment schedule will be provided on or before orientation prior to the school year starting. NOTE: If making automatic payments online, please be sure the payment date is set to withdraw **prior** to the due date. It takes about 2 business days until the preschool receives these funds.

Parent's Signature: _____ Date: _____

Please remember that you must provide immunization records for any child who has not attended our school before and does not have records on file.

Child's Name: _____

Please list all individuals who are allowed to pick up your child. Please also include each parent.

Name	Relationship to Child	Phone Number(s)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Consent Form
Consent to be Photographed

Throughout the year, we take the children's pictures. These photos are used in memory books and sometimes for the Preschool website. Please indicate your permission for us to photograph your child.

I allow my child, _____ to be photographed.

Signature: _____ Date: _____

I do NOT wish to have my child, _____ photographed.

Signature: _____ Date: _____

Authorization to Consent to Health Care for a Minor

I hereby authorize Thyatira Presbyterian Church Preschool to secure emergency medical treatment for my child if the parents, guardians, or family physician cannot be reached.

Parent/Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact Name (in case parents cannot be reached):

Emergency Contact Phone: _____

Physician's Name: _____

Address: _____

Phone: _____

Health Insurance Provider: _____

Insured Person: _____

Insurance Policy Number: _____

Group #: _____

Please list any allergies your child may have: _____

What needs to be done in case of a reaction? _____

Signature: _____ Date: _____