



## REGISTRATION FORM SUMMER - 2020

~Office Use Only~		Date
Materials Fee	(\$50/\$25/\$15)	\$
Registration Fee (New)	(\$25)	\$
_____ Weeks Paid in Full		\$
_____ Months Paid in Full		\$
Check #	Cash <input type="checkbox"/>	

### STUDENT INFORMATION

First Name _____	M.I. _____	Last Name _____
Date of Birth _____	Age _____	Home Telephone _____
Street Address _____		City _____ State _____ Zip _____

### SELECT THE REGISTRATION DATES (Monthly or 2-Week Blocks)

	Summer Dates	Weeks	Month
<input type="checkbox"/>	June 1-12	<input type="checkbox"/> 2 Weeks	<input type="checkbox"/> Month of June
<input type="checkbox"/>	June 15-26	<input type="checkbox"/> 2 Weeks	
<input type="checkbox"/>	June 29-July 10 (Closed July 3rd)	<input type="checkbox"/> 2 Weeks	<input type="checkbox"/> Month of July
<input type="checkbox"/>	July 13-28	<input type="checkbox"/> 2 Weeks	
	Closed July 29, 30, 31	Closed	Closed

### REGISTRATION TIMES (Check the hours your child will attend)

- ☐ \*HALF Days (7:30am – 12:00pm) *\*(Existing Families Only)\**  
☐ FULL Days (7:00am – 6:00pm)

### HEALTH INFORMATION

- ☐ Completed Registration Form  
☐ Copy of Birth Certificate *(New Students Only)*  
☐ Current Immunization Record / Physical *(New Students Only)*

### Check if child has/had any of the following & give details

- ☐ Heart Trouble    ☐ Diabetes    ☐ Asthma  
☐ Epilepsy / Seizures    ☐ Allergies    ☐ Allergic to Bee Stings  
☐ Other \_\_\_\_\_

Any activity restriction(s) \_\_\_\_\_

### EMERGENCY INFORMATION

#### In the event of sudden illness/accident and our inability to make contact with a parent/guardian, please contact the following

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Daytime / Cell # \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Daytime / Cell # \_\_\_\_\_

### PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT

Health Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_  
 Primary Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Special Medical Instructions \_\_\_\_\_  
 Hospital Preference *(In Case of Emergency)* \_\_\_\_\_

In the event of an emergency when I/we cannot be reached, or the listed physician, I/we hereby authorize the staff of West Forsyth Christian Preschool to provide any emergency treatment deemed necessary for the life and health of my/our child. I/We understand that first aid may need to be administered and hereby authorize the preschool staff to provide the necessary first aid.

### NORTH CAROLINA CHILD CARE LAW

I/We, as parent(s)/guardian(s), have received, read and discussed the Summary of the North Carolina Child Care Law for Child Care Centers (attached) and are aware of the laws and regulations specified to West Forsyth Christian Preschool, as well as every child care facility in North Carolina.

~ Continued on Reverse ~

### PARENTAL INFORMATION

1. \_\_\_\_\_

First Name _____	M.I. _____	Last Name _____
Relationship to Student _____		Email Address _____
Employer's Name _____		Address & City _____
Telephone (Work #) _____		Telephone (Cell #) _____

2. \_\_\_\_\_

First Name _____	M.I. _____	Last Name _____
Relationship to Student _____		Email Address _____
Employer's Name _____		Address & City _____
Telephone (Work #) _____		Telephone (Cell #) _____

3. \_\_\_\_\_

First Name _____	M.I. _____	Last Name _____
Relationship to Student _____		Email Address _____
Employer's Name _____		Address & City _____
Telephone (Work #) _____		Telephone (Cell #) _____

### ADDITIONAL ADULTS AUTHORIZED TO PICK-UP YOUR CHILD (Up to 3)

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_

## FINANCIAL AGREEMENT

I/We agree to enroll the above-named child subject to the following terms:

1. Prior to enrollment the Registration and/or Materials Fees, along with the first MONTH'S tuition must be paid in full.
2. All summer tuition fees must be paid on the first day of each MONTH and no later than the fifth day of each MONTH. A \$25.00 late fee will be charged after the 5th.
3. The summer program will run from **June 1 – July 28**. I/We agree to have our child enrolled in the summer program and pay tuition for the weeks chosen.
4. Returned checks will be charged a return check fee of \$25. After two returned checks from the bank, payment by check will no longer be permitted; thereafter, only cash will be accepted.
5. Our summer program **DOES NOT have daily rates**; therefore, if your child misses a portion of the week for any reason there is NO discount or refund. Tuition must be paid to hold your child's spot.
6. There is no discount or refund for days the preschool is closed for holidays or teacher workdays.

I/We have read the above agreement and agree to meet all payments/conditions above and as stated in the West Forsyth Christian Preschool Parent Handbook. I/We have received and understand all information necessary and will be expected to pay the tuition fee as stated. In the event my/our account should become delinquent, I/we will be responsible to pay for any/all costs incurred in the collection of the amount due. I/We understand that once my/our account is deemed delinquent, our child will not be permitted to attend preschool and my/our child's spot may be forfeited. This agreement will be considered binding until the above-named child is formally withdrawn from West Forsyth Christian Preschool.

## DISCIPLINE AGREEMENT

It is our pleasure to provide your child with a safe, caring, loving and supervised environment while at our preschool. To insure this positive environment, we must work together with the parents to teach each child to have respect for themselves and others. This is accomplished by teaching them respect for God and His Word, fellow humans, all living things and the property of others. Giving positive, verbal feedback encourages acceptable behavior. This is done to reinforce the child's self-esteem and to serve as an example to other students. When a child is misbehaving, he/she will be asked to stop and think about the behavior and why it is not good.

During group listening activities, children who do not cooperate will be placed by the teacher's side and will be instructed in proper acceptable behavior. If this fails to encourage the child to listen, a brief period away from the group will be used. This period allows the child to calmly think about his/her behavior and then make the decision to behave in a way that will permit him/her to rejoin the group. Corporal punishment is not administered in our preschool. If behavior becomes unacceptable to this degree, the parent will be called to come to the preschool and work with the staff to resolve the matter.

Behaviors that WILL NOT be tolerated

Biting, Kicking, Fighting, Hitting, Slapping, Stealing, Spitting, Sticking out tongue, Throwing objects, Lying,  
Unacceptable language, Not following the directions of the staff, Causing physical harm to self, others or property

Below are the guidelines we follow for unacceptable behavior

- |   |  |
|---|--|
| 1st Time: Child works by Teacher's side               | 4th Time: Child sent to office, Parent called to help resolve the matter |
| 2nd Time: Up to a 5-minute period away from the group | 5th Time: Parent called to remove the child for the day                  |
| 3rd Time: Time away from the group/parent notified    | 6th Time: Child will be removed from the program                         |

I/We have read the above Discipline Agreement and the Administration or staff member has discussed the Discipline Agreement with me/us.

## PHOTO RELEASE

I/We give the West Forsyth Christian Preschool the right to use my child's still photo and/or video image, or words (audio or text-based) in any media, for purposes of evaluation, training, research, promotion, marketing, recruiting, fund raising, exhibits, or any other lawful purpose. I/We waive any right to inspect or approve the use of any hard copy or electronic record that may appear in connection with such use. This release may be for worldwide use and will remain in full force and effect until withdrawn in writing by me/us.

## PLAYGROUND RULES (Attached) & PERMISSION TO PLAY OUTSIDE OF PLAYGROUND (3 years Old & Up)

I/we hereby give permission for my/our child to take nature walks, participate in summer fun water days, sidewalk chalk play and any other supervised and organized group activities on the church property that take us out of the fenced area.

## ACCEPTANCE & ACKNOWLEDGEMENT

**I/We have read, understand and agree to the titled areas listed and described above. I/We have also discussed any and all concerns with the Administration at West Forsyth Christian Preschool. In addition, I/we have attached the forms required for my/our child to attend the West Forsyth Christian Preschool Summer Program.**

Parent/Guardian Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_