



New Hope Church

# Beginnings Preschool Registration Packet

Five-day 4/5 year old program  Three-day 4/5 year old program  Two-day 3 year old program

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Parent or Guardian's Information

Name/Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Email \_\_\_\_\_

## Parent or Guardian's Information

Name/Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Email \_\_\_\_\_

## Emergency Contact #1

Name/Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Emergency Contact #2

Name/Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Other Adults Authorized to Pick Up Your Child

Name/Relationship/Phone \_\_\_\_\_

Name/Relationship/Phone \_\_\_\_\_

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child?

no  yes—If yes, please list his/her name and attach the required documentation.

Name and relationship to child \_\_\_\_\_

Are there any custody or visiting arrangements we need to be aware of?

no  yes—If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Provider \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Information (if applicable) \_\_\_\_\_

\_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Emergency Care—Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, \_\_\_\_\_, however, if I cannot be reached, I hereby authorize **Beginnings** to transport my child to the hospital and to secure for my child the necessary treatment. I understand the teachers at the preschool are trained in the basics of first aid and I authorize them to give my child first aid and CPR when appropriate.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Emergency Evacuation Information Sheet

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Back up/emergency people who are authorized to pick up your child in case of an emergency if parents/guardians cannot be reached:

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If emergency medical care is necessary, I give **Beginnings**, its staff, and/or its management permission for any treatment deemed necessary.

I hereby warrant to **Beginnings** that I am entitled to legal custody and possession of my child and accordingly am authorized to place my child in your care and custody and further am authorized to sign this emergency evacuation information form.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Permission/Consent Form

I hereby give my permission for my child to be cared for by **Beginnings** and for my child to use all of the play equipment and participate in all activities of the school.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby give my permission for my child to leave the school premises under the supervision of the staff members for study trips and planned neighborhood walks.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby release and hold harmless **Beginnings**, its staff and agents, from any loss or damage to toys, clothes, or any other personal items or articles. I relieve the school of all responsibility for accidents and injuries, claims, damages or other liabilities for injuries to or damage by my child both on and off the premises, which are not a result of gross negligence by the school, its staff or agents.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I grant permission for my child to be included in evaluations and pictures connected with the pre-school program. My child may be photographed for publicity or news purposes.

on site  off site

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Tuition Agreement

Payment for contract time is due on the 1st week of the month.

There is no credit given for holidays or days absent due to illness, vacation, or otherwise.

Please make arrangements ahead of time if payment will be late. Otherwise, payments after the 10th of the month will be considered late and will be charged a \$25.00 late fee.

Returned checks are subject to bank fees. Returned checks must be redeemed with cash or a money order within 24 hours of notification or arrangements will be made immediately to reprocess your check. The preschool may require that future tuition payments are made through money orders.

All tuition payments are to be made to New Hope Church **Beginnings**. Payments should be submitted in the church office.

I understand and accept that there is no credit for absences and days that the school is closed and that the registration fee is non-refundable. All fees and policies are subject to change without notice. When possible 30 days written notice will be given.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read and accept the conditions outlined in the Registration Packet and the Tuition Agreement. This contract is effective for the duration of my child's enrollment at **Beginnings**.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

