

# Blackwell Preschool

Application  
for  
Enrollment

Blackwell Preschool & Kindergarten  
700 N. Road St.  
Elizabeth City, NC 27909  
(252) 334-9582

Registration Fee \_\_\_\_\_  
Cash \_\_\_ Check # \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Taken by \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Immunization Record \_\_\_\_\_  
Preschool Program \_\_\_\_\_  
School Year \_\_\_\_\_

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

Address \_\_\_\_\_

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

City/State \_\_\_\_\_

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

Email Address  
\_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_  
(If Different)

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

Work Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_  
(If Different)

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

Work Address \_\_\_\_\_

Persons To Notify In Case of an Emergency (if parents cannot be reached):

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

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

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

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

List any special health or medical information that the preschool should be aware of concerning your child.

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List the names of people you will permit to pick your child up from preschool. Children will not be released to anyone who is not on this list unless you notify the Teacher or Director.

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List other children in the family (names and ages).

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List any other information that might help assist us in getting to know your child better (fears, likes, dislikes, etc.).

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List any previous preschool and/or group experiences your child has had.

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What are your expectations of this preschool program?

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With what church is your family currently affiliated?

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Does your child attend Sunday School? \_\_\_\_yes \_\_\_\_no

# Blackwell Preschool

## Parent Agreement

As parent/legal guardian of \_\_\_\_\_

I agree to:

1. Give a 30 day-notice prior to withdrawing the child from preschool during the school term and understand that failure to do so will subject me to the responsibility of the following month's tuition;
2. Give permission for the child to participate in all excursions during the school year with further permission slips;
3. Release Blackwell Memorial Baptist Church, Blackwell Preschool, their leaders and representatives, from any and all liability should an accident occur while the child is participating in preschool activities or field trips;
4. Give permission to qualified emergency medical help and/or doctors to treat the child in case of illness or accident if the parent cannot be contacted;
5. Pay the annual fee of \$\_\_\_\_\_ in the following manner:
  - \_\_\_\_\_ In nine monthly installments (due the first day of each month with a late fee of \$15.00 per day assessed after the tenth of the month) or
  - \_\_\_\_\_ In a single check for the entire tuition on or before September 10<sup>th</sup> of the current year.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Enrollment Options**

### **4 year old programs**

5 day (Full Week)

3 day (Mon, Wed, Fri)

### **3 year old programs**

5 day (Full Week)

3 day (Mon, Wed, Fri)

2 Day (Tues, Thurs)

### **2 year old programs**

5 day (Full Week)

3 day (Mon, Wed, Fri)

### **Tots at Play (Ages 18-24 months)**

2 Day (Tues, Thurs)

We have tried to make a schedule convenient for those who have more than one preschooler by offering classes on different days. Please note your request in the "comments" section below if your wishes are not listed above.

NOTE: Enrollment will be determine the number of classes offered in the **2016-2017** school year.

**Name of Preschooler:** \_\_\_\_\_

**1st Choice for Enrollment:** \_\_\_\_\_

**2nd Choice for Enrollment:** \_\_\_\_\_

**Comments:**

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