

For Office Use Only
Class _____
Date _____
Imm. Form _____
Reg. Paid _____

Coal Mountain Baptist Preschool
 A Ministry of Coal Mountain Baptist Church
 3220 Dahlonega Hwy. Cumming, Ga. 30040
 Phone: 770-781-8910 / Fax: 770-781-0879 / cmbpreschool@yahoo.com
2019/2020 Enrollment Form

Child's full name: _____ Preferred name: _____

Child's Date of Birth: _____ Age as of Sept.1st 2019 ____ Gender: _____

Please check the class you are enrolling your child in. ___ 3 day 2 yr. old ___ 3 day 3 yr. old
 ___ 4 day 3 yr. old. ___ 4 day 4 yr. old

Home Phone Number: _____

Home Address: _____ Zip Code _____

Mother's Name: _____ Cell Phone # _____

Mother's Employer Name and Phone # _____

Father's Name _____ Cell Phone # _____

Father's Employer Name and Phone #: _____

Email Address: _____

Child lives with: (please circle one) Mother/Father/Both/Other- If so who: _____

Are there special custody arrangements of which we should be aware? _____

(By law, both parents have equal access to their child while he or she is in our care unless we have legal documents on file stipulating otherwise).

Sibling's names and ages: _____

Are you a church member or attend Coal Mountain Baptist Church? _____ If no, do you have a church family? _____

Is child potty trained? _____ *(children entering into the 3yr.old and 4yr.old program must be potty trained)*

Has child ever attended preschool or daycare? _____ If so, when and what facility? _____

Child's School District _____

Names of Persons to whom we may release your child to other than you:

Name/Relationship _____ Phone# _____

Name/Relationship _____ Phone # _____

Name/Relationship _____ Phone # _____

A child will not be released to anyone except the above persons unless parent has specified in writing.

Medical Information

Does your child have any allergies or medical, emotional, or behavior conditions of which we should be aware of? _____ Type of Allergy or Condition: _____

Precautions or instructions to be taken at school: _____

*If this is a food allergy of any type, we must have a list of safe foods or a list of foods that should not be brought into the classroom. These must be provided at open house. **Safety is our #1 concern.***

Do any effects of previous illness or injury persist at the present time? _____

If so, what? _____

Are there any restrictions or limits of any activities? _____

Is there anything about your child that would help us to get to know him/her better? (fears, likes, dislikes, etc.)

Emergency Contact List

Please list emergency contact for us to reach in the event we are unable to locate the parents or guardians. These people would have permission to pick up your child from school in the event of illness or other emergency. If we are unable to contact you, the following people should be called.

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Child's Doctor
Name _____ Phone # _____

Child's Dentist
Name _____ Phone # _____

Please note: A copy of your child's current immunization record MUST BE PROVIDED prior to the first day of school to be kept on file.

Insurance Information:

Insurance information must be filled out completely:

Insurance carrier: _____ Policy Group # _____

Authorization for Treatment:

In case of any emergency, I understand every effort will be made to contact me. I hereby authorize my consent (only in case of emergency) to the Director, Teacher, and/ or staff of Coal Mountain Baptist Preschool to provide and / or arrange necessary related emergency transportation for my child to the nearest medical facility for immediate care. I authorize them to select medical personnel (including, under the supervision of, and the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel) who may order x-rays, routine test, medical or surgical diagnosis or treatment (including emergency care, hospitalization, anesthesia, surgery, or injections of medication) and to release any records necessary for insurance purpose. I will not hold Coal Mountain Baptist Church, the preschool and staff, the overseeing committee, and/ or any other individuals or agencies associated with this program, for any accident or injury that may occur to my child while attending Coal Mountain Baptist Church's Preschool Program.

Date _____ Signature of Parent or Guardian _____

Tuition Information

If space is available, completion of this enrollment form, receipt of immunization records and payment of a **NON-REFUNDABLE registration fee of \$130.00** assures your child's place in our program for the designated school term.

Tuition rates for 2019/2020 School Year

3 day a week programs for 2 and 3 year olds /\$220.00 per month

4 day a week programs for 3 and 4 year olds / \$255.00 per month

Discount for multiple child enrollment

3 day classes \$205.00 per child per month

4 day classes \$240.00 per child per month

Activity fee

An activity fee of \$40.00 is due twice a year.

Fees will cover the cost of special activities.

School Hours are - 8:45 am to 12:15pm

*Tuition is payable August 1st through April 1st. Payment is due one month in advance. Tuition is prorated for the year. Holiday, weather closing, sickness, or personal absences do not affect the monthly tuition fee or the date.

I have read and agree to the tuition and activity fee guidelines for the 2019/2020 school year.

Parent or Guardian's Signature _____ Date _____

Yes No I give permission for my child's photo to be used on the Coal Mountain Baptist Preschool website.

Student Name _____

Parent or Guardian's Signature _____

Date _____