Blackwell Preschool & Kindergarten	Registration Fee
700 N. Road St.	Cash Check #
Elizabeth City, NC 27909	Date Paid
(252) 334-9582	Received by
•	Birth Certificate
	Immunization Record
	Program
Child's Full Name	
Preferred Name	
Birth Date	
Address	
Home Phone	
Mom's Cell Phone	Dad's Cell Phone
Alternative Cell	
Email Address	
Mother's Name	
(If Different)	
Employer	Work Phone
Father's Name	
	
Address	
(If Different)	
Employer	Work Phone

Approved Pick Up List

	mit to pick your child up from preschool (other than dren will not be released to anyone who is not on or Director.
medical treatment at a time when a part Amber Nolan, Preschool Director, or director, to authorize such treatment. responsible. This is done with the unmade to contact parents, the child's parents.	of an illness or accident which requires immediate parent cannot be located, I give permission for for other preschool personnel designated by the I will not hold the preschool nor medical personnel derstanding that every attempt will have been ohysician, and other persons listed for emergency
Parent signature	
Persons To Notify In Case of an Eme	ergency (if parents cannot be reached):
NamePhone	Relationship
NamePhone	Relationship
NamePhone	Relationship
Child's Physician	Phone
Child's Dentist	Phone
List any special health, medical information aware of concerning your child.	mation or allergies that the preschool should be

Child's Name:		
	Enrollment Options	
<u>Kinderga</u> ı	rten Prep programs (4-Yea	<u>ır-Old)</u>
5 day (Full Week)	3 day (Wed. T	hurs. Fri.)
	3-year-old programs	
5 day (Full Week)	3 day (Wed., Thurs., Fri.)	2 day (Mon., Tues.)
<u>To</u>	ts & 2-year-old programs	
5 day (Full Week)	3 day (Wed., Thurs., Fri.)	2 day (Mon., Tues.)
IOTE: Enrollment in specific classes he class for the 2022-2023 school y		mber of students enrolled in
***Students enrolled in ou to b	r 3-Year-Old Program an e fully potty trained. **	
comments:		

Parent Agreement Form

As parent/legal guardian of
agree to:
 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;
 Give permission for the child to participate in all excursions during the school year with further permission slips;
 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;
 Give permission to qualified emergency medical help and/or doctors to treat th 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 ten- of the month) or
 In a single check for the entire tuition on or before September 10th of the current year.
<u>Fees -</u> 2 days \$135 per month (1215 year)
3 days \$160 per month (\$1440 year) 5 days \$225 per month (\$2025 year)
Signature:
Date:

Additional Information

List other children in the family (names and ages)
List any other information that might help assist us in getting to know your child better (fears, likes, dislikes, etc.).
List any previous preschool and/or group experiences your child has had.
What are your expectations of this preschool program?
With what church is your family currently affiliated?