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

Registration Fee		
Cash	Check #	
Date Paid _		
Received by		
Birth Certificate		
Immunization Record		
School Yea	r	
Program _		

Child's Full Name	
Preferred Name	
Birth Date	
Address	
	Dad's Cell Phone
Email Address	
Address	
(If Different)	
Employer	Work Phone
Work Address	
Father's Name	
Address	
(If Different)	Work Phone
Work Address	

Approved Pick Up List

medical treatment at a time when a pa Amber Nolan, Preschool Director, or fo director, to authorize such treatment. I responsible. This is done with the under	of an illness or accident which requires immediate arent cannot be located, I give permission for other preschool personnel designated by the will not hold the preschool nor medical personnel erstanding that every attempt will have been hysician, and other persons listed for emergency
Parent signature	
Persons To Notify In Case of an Emer	gency (if parents cannot be reached):
NamePhone	Relationship
NamePhone	Relationship
	Relationship
Child's Physician	Phone
Child's Dentist	_Phone
List any special health, medical inform aware of concerning your child.	ation or allergies that the preschool should be

Old)
ed., Thurs.)
d., Thurs.)
er of students enrolled ii

Parent Agreement Form

As parent/legal guardian of
I 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 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 10th of the current year.
<u>Fees -</u> 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?