Blackwell Preschool & Kindergarten 700 N. Road St. Elizabeth City, NC 27909 (252) 334-9582	Registration FeeCashCashDate PaidDate PaidReceived byBirth CertificateImmunization RecordSchool YearProgram
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	
Address	
Employer	Work Phone
Work Address	
Father's Name	
Address(If Different)	
	Work Phone
Work Address	

Approved Pick Up List

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.

Emergency Treatment: In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for Amber Nolan, Preschool Director, or for other preschool personnel designated by the director, to authorize such treatment. I will not hold the preschool nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact parents, the child's physician, and other persons listed for emergency contact.

Parent signature____

Name Phone	Relationship
Name Phone	Relationship
Name Phone	Relationship
Child's Physician	Dhana
	Phone
Child's Dentist	Phone

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

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

Enrollment Options

Kindergarten Prep programs

5 day (Full Week) 3 day

3 day (Mon, Wed, Fri)

3 year old programs

5 day (Full Week)

3 day (Mon, Wed, Fri)

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 2019-2020 school year.

Name of Preschooler: ______

1st Choice for Enrollment: ______

2nd Choice for Enrollment: _____

Comments:

Parent Agreement Form

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 \$<u>15.00 per day</u> 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> 2 Day \$130 per month (\$1170 year) 3 days \$155 per month (\$1395 year) 5 days \$220 per month (\$1980 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?

Does your child attend Sunday School? _____yes _____no