

Blackwell Kindergarten Registration 2021-2022

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 _____
Preschool Program _____
School Year _____

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 _____
(If Different)

Employer _____ Work Phone _____

Work Address _____

Father's Name _____

Address _____
(If Different)

Employer _____ Work Phone _____

Work Address _____

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Approved Pick Up List

List the names of people you will permit to pick your child up from kindergarten. 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 & Kindergarten Director, or for other kindergarten 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

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, medical information or allergies that the school should be aware of concerning your child.

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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 & Kindergarten, their leaders and representatives, from any and all liability should an accident occur while the child is participating in school 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 10th of the current year.

Fees - \$285.00 Per Month (\$2565 year)

Signature: _____

Date: _____

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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.

With what church is your family currently affiliated?
