

Registration Form

Hope Preschool Date _____ Circle: BOY or GIRL

Child's Last Name _____ Birthday _____

Child's First Name _____ Name Called _____

Father's Name _____ Mother's Name _____

Residence Address _____

Non-residential Parent _____

Address _____

Parents' Status: Married () Separated () Divorced () Other ()

Phone (Home) _____

(Mom's work) _____ (Mom's cell) _____ (Mom's email) _____

(Dad's work) _____ (Dad's cell) _____ (Dad's email) _____

On the following line, please list names of individuals **UNAUTHORIZED** to pick up child:

9mth Program (Aug. – May) – Class is determined by the child's age as of **Sept. 1st**.

4yrs old (MTWTF) class () 3yrs old (MWF) class () 2yrs old (MWF) class ()

4yrs old (MTWT) class () 3yrs old (TWT) class () 2yrs old (TT) class ()

3yrs old (TT) class () Toddler (TT) class ()

Year Round Program – 9mth Program selected + TWT (June & July)

2-5yrs old () TWT

Extended Session – TWT (June & July)

6-7yrs. old () TWT _____ (parent's initials)

Administrative Office Checklist:

_____ Birth Certificate Received _____ Coordinator's initials

_____ Immunization form

_____ Consent form notarized

_____ Registration fee paid Amount of \$ _____ Check # _____ Cash _____ CC pymt _____ (Registration fee is Nonrefundable.)

Person responsible for paying monthly tuition _____

Address _____ Phone _____

Tuition of _____ is due on the 15th of each month and is paid one month in advance. A late fee of \$15.00 is due after the 20th of each month.

Parent's Signature _____

Pediatrician's Name _____ Phone _____

Hospital _____ Phone _____

EMERGENCY PICK-UP

Persons other than parents to contact in an emergency/Persons permitted to pick up child:

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

***The parent completing the registration form is responsible for maintaining an accurate emergency pick up list.

_____ (parent's initials)

The child must be "potty trained" before entering the 3 year old program. Please verify: () Yes () No

Does your child have any of the following? If so, please circle:

Allergies Hearing Problems Speech Problems Vision Problems

Please explain: _____

Parent's Signature _____

Hope Preschool- Consent for Treatment

The information requested on this form must be submitted as part of the requirement for participating in the church weekly education program of Hope Church, Dallas, Georgia. The information will be treated in a confidential manner and utilized only in matters concerning the health and welfare of the person concerned.

Child's Name _____ Age _____ Birthday _____

Address _____

_____ Phone _____

Parent's Name _____

Address _____ Work Phone _____

Name of Person other than parent to notify in case of emergency:

Name _____ Phone _____

Address _____

Information for Insurance Company- Name of Insurance Company _____

Policy Number _____ Group Number _____

MEDICAL INFORMATION

Prior illnesses or surgeries _____

Does your child have: Diabetes? Epilepsy? Asthma? Mental Disorders? Heart Problems?

Please explain: _____

Present Medical Condition _____

Allergies (medications, food, insects) _____

Present Medications & Dosages _____

Child's Physician _____ Phone _____

Family Surgeon _____ Phone _____

Family Orthopedist _____ Phone _____

Authorization for Emergencies

- Permission is granted for the officials of the church (teachers) to administer first aid; and to obtain the services of a licensed physician; and to arrange transportation to a medical facility in case the person named above is seriously ill or injured and requires hospitalization.
- Permission is also granted to the attending physician to render whatever treatment he deems best for the person's welfare, and the responsibility for all expenses incurred will be assumed by the individual whose signature appears below.
- I hereby release and discharge Hope Church of Dallas, its employees and officials, including volunteer chaperones, from any and all liability in case of accident or any other injury which might occur to my child or children through administering first aid and transporting to a medical facility. I hereby release said aforementioned officials from any liability because of any damage, which might occur.

Signed & Sealed, this the _____ day of _____ 20____

Signature of Parent or Guardian

Signature of Notary

Child's Name: _____

Parent's Advisory

Important: Please read, sign and return to school immediately

Carpool Procedure

- During morning carpool, do not unbuckle your child until your car is in the front loop located in front of the church.
- Please be advised that the school staff is not responsible for fastening of seat belts when loading children in vehicles.
- You will need to stop in the church parking lot and secure seat belts on your child before leaving the parking lot.
- Also, please be sure that anyone authorized to pick up your child is aware of this procedure.
- Due to the high volume of children being handled (in some cases multiple children in one vehicle) we cannot assume this responsibility.
- You are requested to pull out of the loading lanes and into the parking lot in order to fasten belts.

Parent Signature

Date

Photograph Release

Hope Preschool has a website, www.hopepreschoolsite.com. This website contains photo galleries where exciting moments at Hope Preschool are captured for parents and potential new families/students. We also post photos to our school Facebook page.

Please indicate whether you will permit Hope Preschool to post photos of your child on this website and newsletter. When granting permission, you agree to hold HOPE PRESCHOOL harmless.

() I agree to let photos of my child be posted on Hope Preschool's website, newsletter, and Facebook page.

() I do not want photos of my child posted on Hope Preschool's website, newsletter, and Facebook page.

Parent Signature

Date

License Exemption

Hope Preschool is not licensed and is not required to be licensed by the state and carries liability insurance.

Parent Signature

Date

Parental Authorization- I give Hope Preschool permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

Please check items that can be applied:

_____ Baby Wipes

_____ Band-Aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Ointment (such as A&D, Destin, Vaseline)

_____ Baby Powder

_____ Other (please specify) _____

_____ Parent/Guardian Initials

One Call Now Emergency Phone

One Call Now allows school personnel to keep you updated quickly and efficiently with personalized messages relative to emergency type situations. Parents are strongly urged to participate in One Call Now, and for it to work effectively and efficiently it is important that we have **TWO** updated phone numbers. It is the parent's responsibility to communicate contact information changes.

Child's Name: _____

2 Numbers to call:

(1) _____

(2) _____