

Graceful Beginnings

Student Registration

2014-2015

Please circle the class in which you would like to enroll your child: A non-refundable \$35.00 fee is due with this form. Pd. _____

3's (Mon./Wed. 9-11a.m.) \$65/month Pre-K (Mon./Tues./Wed./Thurs. 12:15-2:45pm) \$120.00

4's (Mon./Wed./Fri. 9-11:30) \$95.00/month Birthdate: _____

Child's Name _____ Sex: M or F

Home Phone: _____ Mom's Cell Phone: _____

Dad's Cell Phone: _____

E-mail: _____

Name child prefers to be called: _____ Eating habits: _____

Language concerns: _____ Toilet Concerns: _____

Sleeping habits: _____ Play habits: _____

Health Problems/Concerns(Allergies): _____

Previous Preschool Experience: _____

What are your hopes for your preschooler: _____

Family Information

Mother/Stepmother/Guardian: _____ Father/Stepfather/Guardian: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Place of employment: _____ Place of employment: _____

Work Phone: _____ Work Phone: _____

Siblings and ages: _____

Church Affiliation _____

Emergency Contact Information

Please list two people to notify in case of emergency in the event that a parent/guardian can not be reached.

1. Name: _____

Telephone: _____ Cell Phone: _____

Home Address: _____

2. Name: _____

Telephone: _____ CellPhone: _____

Home Address: _____

I authorize Graceful Beginnings Preschool to secure emergency medical care for my child when I/we cannot be immediately reached at the time of the emergency. We will be responsible for the emergency medical charges upon receipt of the statement.

Preferred Doctor: _____ Phone: _____

Preferred Hospital: _____

Parent/Guardian Signature: _____

I authorize Graceful Beginnings Preschool to take my child on walking trips and to nearby public park facilities. I authorize my child to ride as a passenger in the vehicle of another licensed adult. I understand all trips are under supervision of Graceful Beginnings and I will provide an appropriate car seat or booster seat for my child as needed for these trips.

Parent/Guardian Signature: _____

I understand that religious instruction is a part of the overall curriculum. I understand that this teaching will include Bible stories, praying to start the day and before snack, Scripture verses and moral training.

Parent/Guardian Signature: _____

I agree to pay tuition in the amount (\$65,\$95,\$120 per month) to Graceful Beginnings Preschool. I understand that each monthly payment is due on the first of each month and is due no later than the fifteenth of the month. I understand a late payment fee will be assessed a \$10.00 fee and that three consecutive months without payment will result in the mandatory withdrawal of my child from Graceful Beginnings Preschool and the past due amount.

Parent/Guardian Signature: _____

Class Phone Book

We will compile phone numbers of each child to make a class phone book. Please indicate if you would like to be included in the class phone list.

Yes, I would like to have my child's name on the list No, I would not like our family's number on the list.

Child's Name _____ Telephone Number _____

Parents Name _____

Parent/Guardian Signature _____

Website/Publicity Authorization

I understand that pictures of the children participating in various classroom activities are used for publicity within Grace's and Graceful Beginnings Preschool's website. Please check one and sign.

I give permission for Graceful Beginnings to use photographs of my child in publicity for the school or its website.

I do not wish to have my child included in any photographs used for publicity of on the school website.

Child's Name: _____ Parent Signature: _____