



Grace Preschool Registration Form

_____ Before Care _____ After Care

Child's Full Name: _____

Name used at home: _____

Date of Birth: _____

Mailing Address: _____

Physical Address: _____

E-mail Address: _____

Home Phone: _____

Father's Name: _____

Occupation: _____ Cell Phone: _____

Business Address: _____

Mother's Name: _____

Occupation: _____ Cell Phone: _____

Business Address: _____

Siblings: _____

Religious Affiliation/ Denominational Preference: _____

Church you attend: _____

A non-refundable enrollment fee of \$125 must accompany this form in order to secure a place for your child on the list of registrants.

() \$125 deposit attached

Signature: _____

Date: _____

Printed Name: _____



Grace Church
Of West Feliciana Parish

Grace Preschool
Letter of Agreement

I am the parent and/or legal guardian of _____.

I hereby make agreement to enroll my child in the Preschool of Grace Episcopal Church.

I believe that my child can enter into the activities of her/his group and I delegate all responsibility for his/her care and control to the authorized staff of the school during the hours I leave him/her with them.

In the event the authorized staff of the school should deem it helpful and necessary to take the children on a field trip in connection with the study, I do hereby grant permission for my child to accompany the group in whatever manner the school might provide for such a trip. I will not hold the Preschool, the Church, or the staff liable for any accident of injury to my child during the hours I leave him/her in their care, and authorize the staff to give emergency aid and treatment in case of injury or illness until either I or my family physician can be reached. I also authorize the Preschool to contact medical emergency services if needed.

If for any reason I should fail to call for my child by the time the Preschool closes and all attempts to reach me or the people designated for emergency calls fail, I empower the staff to make provisions for my child in whatever manner they deem necessary.

I understand that Grace Preschool charges an annual tuition and payments can be divided into ten equal installments that are due July 1st through April 1st. I understand payment is due by the 5th of each month and is paid a month in advance. I understand the first tuition installment is due by July 1st.

I agree to pay the tuition of \$4500 per year, or \$450 per month for full-day attendance; if enrolled in extended care, \$50 per month will be added for before care and \$75 per month will be added for after care, in addition to the monthly tuition.

I have already paid the Registration Fee of \$125. I understand that upon enrolling my child in the Preschool, I am obligated to pay tuition for the entire year even if I should withdraw my child from the program.

I have received, read, and agree to follow the policies and procedures as outlined in the Grace Episcopal Preschool Parent Handbook. I understand that by signing this form and enrolling my child in the Preschool, I agree to follow the policies and procedures of Grace Episcopal Preschool.

Signed: _____

Date: _____



GRACE PRESCHOOL
Emergency & Information Form

TODAY'S DATE _____ SCHOOL YEAR _____

STUDENT'S FULL LEGAL NAME _____
First Middle Last

STUDENT'S DATE OF BIRTH _____

PERSON(S) CHILD IS LIVING WITH

NAME _____ RELATIONSHIP _____ CELL # _____

EMPLOYER _____ WORK # _____

NAME _____ RELATIONSHIP _____ CELL # _____

EMPLOYER _____ WORK # _____

NAME _____ RELATIONSHIP _____ CELL # _____

EMPLOYER _____ WORK # _____

NAME _____ RELATIONSHIP _____ CELL # _____

EMPLOYER _____ WORK # _____

DOES CHILD LIVE WITH BOTH MOTHER & FATHER? YES or NO

IN AN EMERGENCY, OR IF YOUR CHILD IS SICK, WHO IS AUTHORIZED TO PICK UP YOUR CHILD IF YOU CANNOT BE REACHED?

#1 NAME _____ PHONE # _____ RELATIONSHIP _____

#2 NAME _____ PHONE # _____ RELATIONSHIP _____

#3 NAME _____ PHONE # _____ RELATIONSHIP _____

#4 NAME _____ PHONE# _____
RELATIONSHIP _____

ADDRESS INFORMATION (MUST BE COMPLETED)

911 STREET ADDRESS (PHYSICAL ADDRESS)

CITY _____

STATE _____ ZIP CODE _____

P.O. BOX (IF APPLICABLE) _____

CITY _____

STATE _____ ZIP CODE _____

MEDICAL INFORMATION

YOUR CHILD'S DOCTOR _____

PHONE # _____

YOUR CHILD'S DENTIST _____

PHONE # _____

LIST ANY ITEMS THAT YOUR CHILD IS ALLERGIC TO, SUCH AS MEDICATIONS, FOODS, BEE STINGS, ETC.

LIST ANY MEDICINES OR TREATMENTS THAT YOUR CHILD IS TAKING ON A LONG-TERM BASIS, SUCH AS ALLERGY SHOTS, BREATHING TREATMENTS, RITALIN, ETC.

LIST ANY MEDICAL OR PHYSICAL PROBLEMS THAT YOUR CHILD HAS SUCH AS ASTHMA, HEART CONDITION, ALLERGIES, ETC.

IF IN A MEDICAL EMERGENCY, WE ARE NOT ABLE TO CONTACT YOU, DO WE HAVE YOUR PERMISSION TO TRANSPORT YOUR CHILD TO THE HOSPITAL?

YES or NO

IF IN AN EMERGENCY, WE ARE NOT ABLE TO CONTACT YOU, DO WE HAVE YOUR PERMISSION FOR YOUR CHILD TO BE TREATED IN THE EMERGENCY ROOM?

YES or NO

INSURANCE INFORMATION

IS YOUR CHILD PRESENTLY COVERED BY HOSPITALIZATION INSURANCE? YES or NO

IF YES, PLEASE INDICATE NAME OF COMPANY AND POLICY NUMBER

COMPANY _____

POLICY NUMBER _____

FIELD TRIPS

MY CHILD, _____, HAS PERMISSION TO ATTEND ALL SCHOOL SPONSORED FIELD TRIPS.

PARENT/GUARDIAN SIGNATURE _____

DATE _____



GRACE Episcopal Preschool

Extended Care Policy

Grace Episcopal Preschool offers extended care to each of the students enrolled in the full-day preschool program. No additional registration is required. Extended Care is available from 7:30 AM to 9:00 AM and from 3:00 PM to 5:30 PM. Children remaining at school after 3:15 PM will be placed in extended care and families will be billed the per diem rate of \$10 per day. Please note: **Extended care is only available *after* 7:30 am in the mornings and *until* 5:30 in the afternoons.** If your child is not picked up by 5:30 pm, you will be billed a \$10 fee.

Please indicate below which extended care services your child will need:

_____ **Before-Care (7:30 am – 9:00 am)**

_____ **After-Care (3:00 pm – 5:30 pm)**

***This form needs to be signed by all parents, even if you do not plan to use extended care services. In case of an emergency, you may need extended care services and will need the policy acknowledgement in your child's file.**

Child's Name: _____

Parent Signature: _____

Date: _____



GRACE Preschool Carpool Information

Child's Name _____ Home # _____

Father _____

Mother _____

Work# _____

Work# _____

Cell phone # _____

Cell phone # _____

My child is in a carpool with/or may be picked up by:

Name _____

Cell phone # _____

Name _____

Cell phone # _____

Name _____

Cell phone # _____

Name _____

Cell phone # _____

Before care drop off is *after* 7:30 am; please do not drop off your child or enter the classroom before 7:30 am. If your child is NOT enrolled in Before Care, please do not drop off your child *before* 9:00 am.

Pickup time for students enrolled in the full-day program begins at 2:45 - 3:00 pm. For those students enrolled in After Care, pickup time is before 5:30pm.

If you are late picking up your child, there is a fine of \$10.00. If there is a change in who is allowed to pick up your child, please WRITE it down and give to one of the teachers.

Thank you for your cooperation.

Parent Signature _____