



Laurie Campbell
Director

Linda Touart
Assistant Director

F i r s t P r e s b y t e r i a n P r e s c h o o l
1328 Peachtree Street, N.E. Atlanta, Georgia 30309

Child Information

Child's Name: _____ Birth Date: _____ Age: _____ Gender: _____
Home Phone Number: _____ Church Affiliation: _____
Address: _____
Special Custody Arrangements: _____

Parent Information

Mother's Full Name: _____ Father's Full Name: _____
Occupation: _____ Occupation: _____
Employer: _____ Employer: _____
Work Phone: () _____ ext. _____ Work Phone: () _____ ext. _____
Business Address: _____ Business Address: _____
Pager or Cellular Phone: () _____ Pager or Cellular Phone: () _____

Sibling Information

Name _____ Birthdate _____ School _____
Name _____ Birthdate _____ School _____
Name _____ Birthdate _____ School _____

Emergency Contacts/ Persons who MAY pick up your child

Name	Address	Telephone	Relationship

Persons who may NOT pick up your child

Name	Relationship

Child's Medical Information

Physician/Phone No. _____ Dentist/ Phone No.: _____
Allergies: _____ Been hospitalized? _____ Reason? _____
Symptoms displayed when having an allergic reaction? _____
Special needs, disabilities or additional health information: _____

Insurance Information

Are you covered by health and accident insurance? _____ Yes _____ No
Name of Carrier: _____
Address: _____
Phone: _____ Group No.: _____

***Please photocopy front and back of health insurance card and submit with this form.**

ENROLLMENT AGREEMENT

1. Tuition is based on a 9-month school year. However, payment may be split into two equal installments. The first payment is due on or before April 15, 2011 and the second payment is due on or before August 12, 2011. The Preschool reserves the right to terminate enrollment of any child when tuition is ten (10) or more days late (FACTS Management plan is available for families seeking alternate payment arrangements; please contact the preschool office for information on this option).
2. 80 % of the April 15, 2011 tuition payment will be refunded if the child is withdrawn prior to the start of school in September due to relocation outside the metropolitan Atlanta area. Notice of withdrawal must be given in writing to the preschool director.
3. Tuition payments are non-refundable except under the condition outlined above and reflect the days school is closed for holidays, staff development days and teacher workdays. No refund will be made for absences, withdrawals, or dismissals.
4. School opens at 9:00 a.m. and closes at 12:00 p.m. for the regular school day and 1:00 p.m. for lunch bunch days. (The school closes at 1:00 p.m. on Tuesdays, Wednesdays & Thursdays for Extended Day Pre-K students). Kindergarten hours are 9:00 a.m. to 1:00 p.m. Monday-Friday. All children must be dropped off and picked up during these times.
5. When bringing your child to school, and not participating in carpool, you must escort the child to the classroom and let the teacher know that you and the child are present.
6. When a child is picked up from school, the person picking up should be an authorized person and must be prepared to present identification.
7. We will administer prescription or non-prescription medicine with a written permission form provided by our office. The medicine must be in the original container and labeled with the dosage instructions, the child's name, and the date. All medications including sunscreen, bug repellent, powder, and diaper creams will be placed in the cabinet in the office. The preschool can administer medication for only ten (10) days. If there is an ongoing medication need or special diet required by a doctor, a detailed signed statement from the doctor must be given to the office.
8. We strive to include all children in our classrooms. However, it may be determined after careful observations and considerations by the teachers, administration, and the child's own parents that our program is not the best placement for a child. We reserve the right to dismiss a child from our program due to any physical, emotional, or academic disability if it has been determined that we cannot meet the needs of the child.
9. The preschool uses photographs of students in marketing promotions, weekly newsletters and website information. Should parents choose that their child's image not be used in a photograph pertaining to the lawful programs and activities of First Presbyterian Preschool, a written notice should be submitted to the preschool director.

As parent and/or guardian, of a child (the "Child") attending First Presbyterian Preschool, I understand, acknowledge and assume the normal risks associated with activities at the preschool. In consideration of First Presbyterian Preschool's acceptance of the Child into the preschool, I do hereby, for the Child, myself, my spouse or partner and our heirs, executors, administrators and assigns, knowingly and voluntarily agree to release, hold harmless and indemnify First Presbyterian Church, First Presbyterian Preschool and its teachers, administrators, employees and Board Members from any claim, harm, or injury (collectively, "Claim") occurring at, or arising out of activities sponsored by First Presbyterian Preschool, except to the extent that the sole proximate cause of such Claim is an act of negligence on the part of First Presbyterian Preschool. Additionally, I agree to abide by all enrollment terms outlined above.

Signature of Parent or Legal Guardian

Date

EMERGENCY MEDICAL AGREEMENT

Should _____ suffer an injury or illness while in the care of First Presbyterian Preschool and the
Child's name

School is unable to contact me (us) immediately, it shall be authorized to secure medical attention and care for my child as may be necessary. I (we) assume responsibility for payment of services. I authorize Egleston Children's Hospital or Piedmont Hospital (*circle one*) to provide emergency treatment. I understand these hospitals may route an emergency vehicle elsewhere if they cannot accommodate the ambulance. I (we) agree to keep the school informed of changes in telephone numbers where I (we) can be reached.

Signature of Parent or Legal Guardian

Date

Signature of Director

Date