

Reg. Fee	Cash _____
\$90.00	Ck # _____
Class	
Placement	
Physician's Statement	
Shot Record	

First Presbyterian Preschool

249 West McLelland Avenue

Mooresville, NC 28115

704-664-2701

lori@moorevillefpc.org

ENROLLMENT AGREEMENT

2 year old's must be 2 by 6/30/21

Age of child on 8/31/21 _____

Full Name of Child _____ Male _____ Female _____

Name Child is called _____ Date of Birth _____/_____/_____

Mother's Name _____ Father's Name _____

Mailing Address _____

Street or PO Box

City

State

Zip code

Email _____ Home Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Employer _____ Employer Phone _____

Father's Employer _____ Employer Phone _____

Physician _____ Practice _____ Phone _____

Emergency Contacts: (people who would be able to come in your absence and/or are allowed to pick up your child)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Acceptance of this enrollment form and the Registration fee of \$90 (\$80 for FPC Members) assures your child a placement in our program. In return, we expect you will honor your enrollment for the term agreed upon. Extenuating circumstances do allow a mutual agreement to dissolve the contract, to be determined by the Director. The Registration Fee is refundable until April 1, 2021 if your child's space can be filled by another child.

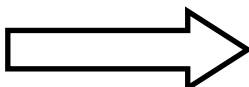
There will be no refunds after April 1, 2021.

I agree to honor this Enrollment Agreement as described above.

Signed _____ Date _____

(Parent or Legal Guardian)

(please turn over and complete back page)



HEALTH INFORMATION

Allergies

Does your child have any allergies? ____YES ____NO If yes, please explain and describe reaction:

Medications

Does your child take any medications? ____YES ____NO If yes, please list the name of the medication and dosage: _____

Has your child been stung by a bee? ____YES ____NO

Has your child had chicken pox? ____YES ____NO

Services: Does your child receive any therapy or special services (ex: speech, occupational therapy, physical therapy)? ____YES ____NO If yes please explain: _____

Additional Information/Concerns: _____

MEDICAL CONSENT

In the event that our child _____ becomes ill or sustains an injury while on an authorized and chaperoned outing or other authorized activities sponsored by First Presbyterian Preschool, 249 W. McLelland Avenue, Mooresville, NC 28115. I, the undersigned, give my permission to those in charge of the said activity to take whatever steps are necessary to stop any bleeding and to administer first aid.

I also consent to any X-ray, examination, anesthetic, medical (or dental), surgical diagnosis and treatment, hospital care, and the administration of drugs or medicine to be rendered to my child. This care would be administered under general or specialized supervision or upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

Date

Signature of Parent or Legal Guardian

FAMILY INFORMATION

Marital Status of Parents: ____Married, living together ____Separated ____Divorced

If divorced, please describe custody and visitation agreement for the child. A copy of the agreement must be on file in the office.

Siblings: Please list names and date of birth

MEDIA RELEASE

I, the undersigned, hereby consent that First Presbyterian Preschool has the right to photograph, videotape, or make digital recordings for my child and to use these media from here on forward in FPP publications (*for example: flyers, webpage, Facebook*).

Signature of Parent or Legal Guardian: _____ **Date** _____