

For office use only:

2024—2025

Reg. Fee	Cash _____ Ck # _____ Zelle _____
Class Placement	

First Presbyterian Preschool

249 W McLelland Avenue

Mooresville, NC 28115

704-664-2701

www.mooresvillefpc.org

ENROLLMENT AGREEMENT

Age of child on 8/31/24 _____

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 _____ Father's Employer _____

Mother's Work Phone _____ Father's Work Phone _____

Physician _____ 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 _____

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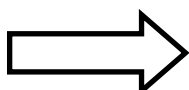
Name _____ Relationship _____ Phone _____

FAMILY INFORMATION

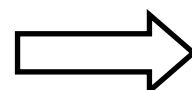
Marital Status of Parents: _____ Married/Living together _____ Separated _____ Divorced

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



PLEASE TURN OVER AND COMPLETE BACK



HEALTH INFORMATION

Allergies/Medications

Does your child have any allergies? ____ YES ____ NO If yes, please explain below and describe reaction

Does your child take any medications ____ YES ____ NO If yes, please list medications

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 participating in an authorized activity 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.

Signature of Parent or Legal Guardian

Date

MEDIA / INFORMATION RELEASE

I 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, social media).

YES

NO

Information that may be shared with classmates for parties/playdates

Parent's Email ____ YES ____ NO

Parent's Phone Number ____ YES ____ NO

Acceptance of this enrollment form and the Registration fee of \$90 Cash or Check/\$91 Zelle payment (\$80 /\$81 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, 2024 if your child's space can be filled by another child.

I agree to honor this Enrollment Agreement as described above and all preschool policies and rules.

Signed _____

_____ Date _____

(Parent or Legal Guardian)