

For office use only:

2023—2024

Reg. Fee	Cash _____
\$90.00	Ck # _____
Class	

**First Presbyterian Preschool**

249 W McLelland Avenue

Mooresville, NC 28115

704-664-2701

www.mooresvillefpc.org

**ENROLLMENT AGREEMENT**

Age of child on 8/31/23 \_\_\_\_\_

Two Year Old's must be two by 6/30/23

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 \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**FAMILY INFORMATION**

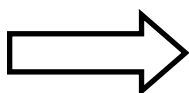
**Marital Status of Parents:** \_\_\_\_\_ Married, living together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

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

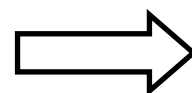
\_\_\_\_\_

**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, Facebook).**

\_\_\_\_\_  
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 \$90.00 (\$80.00 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, 2023 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)