

APPLICATION/REGISTRATION FORM

Child's Name _____
(Last) (First) (Middle) (Nickname) (gender M/F)

Parent/Guardian Email Address(es) _____

Child's Address _____ Child D. O. B. _____

Mother/Guardian Name _____ Primary/Cellular Phone _____

Address _____ Zip Code _____

Employer _____ Business Phone _____

Father/Guardian Name _____ Primary/Cellular Phone _____

Address _____ Zip Code _____

Employer _____ Business Phone _____

Marital Status _____ Custody _____

Other Family Members (names, ages) _____

Church Affiliation _____

For times when you cannot call for your child at dismissal, please list 3 local names and phone numbers of other persons to whom your child can be released _____

HEALTH CARE NEEDS FOR YOUR CHILD (for any child with health needs such as asthma, or other chronic conditions, a medical action plan shall be provided by the parent. The medical action plan must be completed by the parent and health care professional). Is there a medical action plan for your child? Yes _____ No _____

List all allergies, symptoms, and type of response required for allergic reactions _____

List any other health care needs or concerns, symptoms of and type of response _____

List any types of medication taken for health care needs _____

List any other information that has a direct bearing on assuring safe medical treatment for your child _____

EMERGENCY CARE INFORMATION

Physician's Name _____ Office Phone _____

Office Address _____

Dentist's Name _____ Office Phone _____

Office Address _____

Hospital Preference _____

Medical Insurance Company _____ Policy Number _____

Name of Policy Holder _____

Local persons to be contacted in case of emergency if parents cannot be reached

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

I agree that the Director or Alternate may authorize the physician or dentist of her/his choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

_____ County, North Carolina. I certify that the following person(s) appeared before me this day and (I have personal knowledge of the identity of the parent(s)). I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a _____ (a credible witness has sworn to the identity of the parent(s)); each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose state therein and the capacity indicated:

Signature(s) of parent(s) _____ Date _____

Official Signature of Notary _____, Notary Public

Notary's printed of typed name _____

MY COMMISSION EXPIRES: _____

I, as the Director or Alternate, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instructions from the physician, or the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Date _____ Signature of Director/alternate _____

PERMISSIONS

I do not want my name/address listed on the classroom list for parents _____ (Please initial)

TV or Newspaper Photographs: Yes _____ No _____ (Please initial)

Field Trips (*children in fours classes or older*) - I hereby certify that my child, _____

has permission to participate in class field trips sponsored and chaperoned by the staff of the Asbury Preschool: Yes _____ No _____

I have read and agree to the tuition policies of Asbury Preschool. Yes _____ No _____

Parent's signature _____ **Date** _____

APPLICATION FOR CLASS ASSIGNMENT

Please mark the age/days class requested with a 1 and 2 to indicate your 1st and 2nd choice

Toddlers: TF only _____

Twos: MTh _____ TWF _____ or 5 day combo MTh + TWF _____

Threes: MTh _____ TWF _____ 4/5 day MTWTh _____ 4/5 day TWThF _____ 5 day M-F _____

Fours: TWF _____ MWTh _____ 4/5 Flex MTWTh _____ 4/5 Flex TWThF _____ 4/5 Flex M-F _____

TK: M-F only _____

REGISTRATION FEE _____, due with application, *non-refundable unless family moves out of Raleigh area before September 1.*

MONTHLY TUITION _____, due on the 1st of each month, or quarterly if more convenient. (There is a \$2.00 per day late-payment fee, beginning the 8th of the month.) **MAY TUITION** of the year for which your child is registered is due **by MAY 1** of the **PREVIOUS SCHOOL YEAR**, or at the time of registration if a child is registered after May 1. (Refunded if the family leaves Raleigh, and only if the space is filled by another child.)

ADDITIONAL INFORMATION ABOUT MY CHILD: