

Registration Form 2018-2019

PERSONAL INFORMATION Child's Full Name: ______ / ____ / _____ / ______ Nickname: _____ Name Child Goes By: _____ Home Phone #: ______ E-mail address: _____ Gender: ☐ Male ☐ Female Child's age on **September 1, 2018:** Mother's Name: _____ Father's Name: ____ Employer: ______ Employer: _____ Occupation: ______ Occupation: _____ Work #: ______ Work #: _____ Cell #: _____ Cell #: ____ Marital Status: ☐ Married □ Divorced ☐ Single ☐ Separated ■ Widowed *If there are special concerns/directions regarding custody, please notify the director. **EMERGENCY INFORMATION** In case of emergency, notify those below if unable to contact parents/guardian (State Standard requires two): Name (& Relationship) Full Address Phone # Name (& Relationship) Full Address Phone # PICK UP AUTHORIZATION The following people may pick up my child in addition to the parents and emergency contacts listed above. They must know the four digit security code: _____ Names **Phone Numbers**

AUTHORIZATION FOR MEDICAL CARE

hereby authorize the POTC Director or her repr	esentative to take my child to:	
Pediatrician	Address	Phone #
	/	
Name of Hospital	A	A licensed physician
Insurance Company:	Policy #:	
SPECIAL NEEDS STATEMENT		
Allergies:		
Existing illness:		
Previous serious illness/injury:		
Medicine prescribed for long term continuous u	ıse:	
My child has been examined by and is able to participate in the program.	, a licens	sed physician, within the last 12 months
PHOTO/VIDEO RELEASE		
I give my permission for These would be used in program slide shows, c		
PARENT HANDBOOK		
I understand the policies and procedures in whi	ich POTC practices.	
I agree to place my child, listed in the POTC Parent Handbook. I have read this manual for my records, if any further quest		POTC under the policies and procedures The Creek Parent Handbook. I will retain
Please read and sign below to acknowledge: I agincluded in this form with the exception of thos	-	enrollment process and to all releases
Parent Signature (either parent may sign/both signature	es not required) Date	
Preschool On The Creek Director Signature	 Date	

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I

Financial Agreement 2018-2019



the following financial requirements:	_(child) in Preschool On The Creek, I agree to comply with
1. My preschool account balance must be current for this sch	ool year before I can make application for next fall.
2. Pay annual registration fee of \$100 due at registration. This	s fee is non-refundable.
3. Pay all monthly tuition on the 1st school day of the current	month.
4. Pay a \$10.00 late fee for tuition received in the preschool of days past due may result in the student being withdrawn f	· · · · · · · · · · · · · · · · · · ·
5. If you have any reason to withdraw your child from the pro not able to give a two week written notice, you must still p	
6. Pay an additional charge of \$10.00 for each child picked up This fee is to be paid immediately by cash or check.	after 2:40pm for the 1st occurrence, \$20 for the 2nd, etc
7. A fee of \$25.00 will be assessed for all returned checks. To money order payment each month thereafter.	vo returned checks will necessitate cashiers check or
8. In order to hold a child's position for a later start date than advance. In addition, monthly tuition must be paid until the	
Parent Signature (either parent may sign/both signatures are not required	d) Date
Preschool On The Creek Director Signature	Date

Medical Information 2018-2019



MUST BE COMPLETED BY THE PHYSICIAN

Name of Child:	Date of Birth:/	
Please attach a copy of this child's most current shot record or The exemption form may be applied for from the Texas State C	,	
Allergies: ☐ Yes ☐ No		
If yes, explain:		
Does this child have any other medical conditions that should $\hfill \square$ Yes \hfill No	be mentioned (such as asthma, hay fever, etc.)?	
If yes, explain:		
DOCTOR'S STATEMENT I have examined this child within the past year and find he/she is physically able to take part in preschool.		
Physician's Signature	Date	
Print Physician's Name	Physician's Phone Number	
Address	City, Zip	