

Registration Form 2019-2020

PERSONAL INFORMATION

Child's Full Name: _____ Date of Birth _____ / _____ / _____

Nickname/Name Child Goes By (if different): _____

Home Address: _____ City: _____ Zip: _____

Home Phone #: _____ E-mail address: _____

Gender: Male Female Child's age on **September 1, 2019:** _____

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*):

1. _____
Name (& Relationship) Full Address Phone #

2. _____
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

1. _____

2. _____

3. _____

AUTHORIZATION FOR MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize the POTC Director or her representative to take my child to:

Name of Hospital

Insurance Company: _____ Policy #: _____

SPECIAL NEEDS STATEMENT

Allergies: _____

Existing illness: _____

Previous serious illness/injury: _____

Medicine prescribed for long term continuous use: _____

My child has been examined by _____, a licensed physician, within the last 12 months and is able to participate in the program.

PHOTO/VIDEO RELEASE

I give my permission for _____ to be photographed/video taped in the school setting. These would be used in program slide shows, craft projects or for display around our building.

PARENT HANDBOOK

I understand the policies and procedures in which POTC practices.

I agree to place my child, _____, in the care of POTC under the policies and procedures listed in the POTC Parent Handbook. I have read the 2019-2020 Preschool On The Creek Parent Handbook. I will retain this manual for my records, if any further questions arise.

Please read and sign below to acknowledge: I agree to all requirements of the enrollment process and to all releases included in this form with the exception of those I have noted.

Parent Signature (either parent may sign/both signatures not required) Date

Preschool On The Creek Director Signature Date

Financial Agreement 2019-2020



With the enrollment of _____(child) in Preschool On The Creek, I agree to comply with the following financial requirements:

1. My preschool account balance must be current for this school year before I can make application for next fall.
2. Pay annual registration fee of \$100 due at registration. This 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 office after the 15th of the month. Any tuition more than 15 days past due may result in the student being withdrawn from class and re-enrollment fees will apply.
5. If you have any reason to withdraw your child from the program, you must give a two week written notice. If you are not able to give a two week written notice, you must still pay the tuition for the next month.
6. Pay an additional charge of \$10.00 for each child picked up after 2:40pm for the 1st occurrence, \$20 for the 2nd, etc. This fee is to be paid immediately by cash or check.
7. A fee of \$25.00 will be assessed for all returned checks. Two returned checks will necessitate cashiers check or money order payment each month thereafter.
8. In order to hold a child's position for a later start date than September 1, 2019, enrollment/supply fee must be paid in advance. In addition, monthly tuition must be paid until the child is able to start.

Parent Signature *(either parent may sign/both signatures are not required)* Date

Preschool On The Creek Director Signature Date

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 a notarized Affidavit of Exemption.
The exemption form may be applied for from the Texas State Government website.

Allergies: Yes No

If yes, explain: _____

Does this child have any other medical conditions that should be mentioned (such as asthma, hay fever, etc.)?

Yes No

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