Registration Form 2017-2018



PERSONAL INFORMATION

2.

3. _____

Child's Full Name:	[Date of Birth / /
Nickname:	Name Child (Goes By:
Home Address:	City: _	Zip:
Home Phone #:	E-mail address	:
Gender: 🗆 Male 🛛 Female	Child's age on	September 1, 2017:
Mother's Name:	Father'	's Name:
Employer:	Employ	/er:
Occupation:	Оссира	ation:
Work #:	Work a	#:
Cell #:	Cell #:	
	vivorced □ Single □ Separate ions regarding custody, please notify t	
In case of emergency, notify those	below if unable to contact parents	s/guardian (State Standard requires two) :
1Name (& Relationship)	Full Address	Phone #
2 Name (& Relationship)	Full Address	Phone #
PICK UP AUTHORIZATION		
The following people may pick up	my child <i>in addition to the parents</i>	and emergency contacts listed above.
They must know the four digit see	curity code:	
Ν	lames	Phone Numbers
1		

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:

Pediatrician	Address	Phone #
	/	
Name of Hospital		A licensed physician
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 and is able to participate in the program.		_, a licensed physician, within the last 12 months

PHOTO/VIDEO RELEASE

l 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 2017-2018 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



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, 2017, 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

Medical Information 2017-2018



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 Yes 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			