



**Top page of enrollment form with deposit check
secures your child's spot.**

Covenant Presbyterian Preschool

Admission Date _____

★ Please circle days requested: Mon Tues Wed Thurs Fri ★

Referred by _____

Registration fee paid _____
 First month's tuition paid _____

 Specify Class _____
 Date of registration _____

Child's Full Name _____		Name to be called at school _____	
Child's Sex M F	Child's Date of Birth _____	Child's Home Phone Number _____	
Child's Home Address/City/State/Zip _____			
Mother's Name/Guardian _____		Address if different from child's _____	
Mother's email _____		Employer _____	Cell phone no. _____
		Work No. _____	Home no. _____
Father's Name/Guardian _____		Address if different from child's _____	
Father's email address _____		Employer _____	Cell phone no. _____
		Work no. _____	Home no. _____
List preferred telephone numbers below where parents/guardians may be reached while child is at school:			
Mother's Telephone No.: _____		Father's Telephone No.: _____	
Siblings (names and ages) _____			
Physician _____			
(name)		(address)	
		(telephone)	

SPECIAL NEEDS
 Please indicate any special information we should know about your child: food allergies, family situations, concerns about inappropriate people picking up your child, pets, fears, other allergies, etc. If there are none, please write NONE and INITIAL.. Please continue on back if more space is needed.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
 In the event that I cannot be reached to make arrangements for emergency medical care, I hereby authorize the staff members of
 Covenant Presbyterian Preschool or _____ to obtain emergency medical care
 and to transport my child for emergency medical treatment. Name & Phone Number _____

Signature-Parent or Legal Guardian _____ Date _____

SIGNATURES:

Signature-Parent or Legal Guardian _____ Date _____

Signature of Preschool Director _____ Date _____

DESIGNATED CONTACT/RELEASE

I will notify the teacher by written note of any deviation from my child's normal means of transportation after school. **Please prioritize persons listed below who are to be called in an emergency if parents are unavailable.** Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. The following persons are allowed to pick up my child:

- Name _____ Address _____
 Phone _____ Cell Phone _____
- Name _____ Address _____
 Phone _____ Cell Phone _____
- Name _____ Address _____
 Phone _____ Cell Phone _____
- Name _____ Address _____
 Phone _____ Cell Phone _____
- Name _____ Address _____
 Phone _____ Cell Phone _____

VOLUNTEER OPPORTUNITIES

Are you interested in serving on the Preschool Governing Committee? Yes _____ No _____
 Are you interested in helping in the classroom on a regular basis (receive tuition assistance) Yes _____ No _____

LIABILITY RELEASE

I release Covenant Presbyterian Church, the Presbyterian Church (U.S.A.) and its employees and agents, Covenant Presbyterian Preschool Staff and Governing Committee, and agree to hold the same harmless from any and all claims, causes in action, or other liability incurred for any reason except gross negligence during attendance at any Preschool session on or off the premises of the Covenant Presbyterian Church and while in transit to or from any session.

Signature of Parent or Legal Guardian _____ Date _____

AGREEMENT

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

I have read and do accept all the policies of Covenant Presbyterian Preschool.

Signature of Parent or Legal Guardian _____ Date _____

Signature of Preschool Director _____ Date _____

ACKNOWLEDGEMENT

My signature verifies that I have received and read **The Covenant Presbyterian Preschool Operational Policies.**

Signature of Parent or Legal Guardian _____ Date _____

My signature verifies that I have received and read **The Covenant Presbyterian Preschool Discipline Policy.**

Signature of Parent or Legal Guardian _____ Date _____

My signature verifies that I have received and read **Preventing & Responding Abuse and Neglect of Children.**

Signature of Parent or Legal Guardian _____ Date _____

PHOTO RELEASE FOR: (Name of Child) _____

Please circle one

Yes No I give permission for my child's picture to appear on bulletin boards and framed photos within the Covenant Presbyterian Church building.

Yes No I give my permission for my child's picture to appear in the publications of Covenant Presbyterian Church.

Yes No I give permission for my child's picture to appear on a Covenant Presbyterian Preschool website or brochure.

Yes No I give permission for my child to be included in video taken by local television stations. These films may be broadcast.

Yes No I give permission for my child to be photographed by the local newspaper and for these photographs to be published in the newspaper.

Yes No I give permission for my child's picture to be posted on the Covenant Presbyterian Preschool Facebook page.

Signature of Parent or Legal Guardian _____ Date _____

Signature of Preschool Director _____ Date _____



Child's Medical History

Child's Name _____ Date of Birth _____

Date of Enrollment _____

_____ has been examined within the past twelve months and is found to be free of infectious and contagious diseases and is physically and mentally able to participate in the program of Covenant Presbyterian Preschool.

Signature of Health Care Professional

Date

**Please attach an official copy of your child's current immunization record.
A child may be exempt from immunization requirements for a medical reason or reason of conscience, including a religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.**