

Leake's Chapel Preschool

Enrollment Form

Child's Name: _____

Nickname: _____

Date of Birth: _____

Phone Number: _____

Mother/legal guardian:

Address; _____

Home phone: _____ Cell# _____

Employer: _____

Work # _____

Email address: _____

Father/legal guardian:

Address: _____

Home Phone: _____ Cell# _____

Employer: _____

Work # _____

Email Address: _____

List names and ages of any sibliflgs:

Authorized list of people to pick up your child

Below please list 2 people (other than parents) that are authorized to pick up your child from preschool.

Name: _____ Relationship to child: _____ Address: _____
_____ Phone# _____

Name: _____ Relationship to child: _____

Address: _____ Phone# _____

***please notfly us by telephone, in person or signed letter fsoineone other than yourself will be picking up your child.

EMERGENCY CONTACTS

The following people are authorized to be contacted in an emergency or illness when a parent cannot be reached. (This cannot be parent/legal guardian)

contact:

Name: _____

Home phone: _____ Work phone: _____

Cell Phone: _____

Relationship to child:

Home address: _____

contact:

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone:

Relationship to child:

Home address:

List below any food/drink that your child is allergic to or cannot have:

List any other medical conditions or information that our school staff should be aware of:

If an emergency occurs and we or the emergency contacts cannot be reached. The preschool has our permission to take our child to the doctor and/or hospital at our expense. The doctor/hospital staff has my permission to provide the necessary treatment for the well-being of our child.

Signature of parent Date

Leakes's Chapel Preschool

Parental Agreement

Child's Name:

Date of Birth: _____

I understand there is a \$40.00 non-refundable registration fee. The tuition is \$95.00 per month. Payment is due by the 5th of each month.

I understand that in case of an emergency if a parent cannot be reached, the persons listed on my medical release form will be called. I authorize emergency treatment by appropriate medical personnel in the event that I cannot be contacted.

The parent/guardian must submit proof of immunizations and birth certificate, and must inform the school of any special health problems your child may have.

Please return this form completed with registration fee.

Signature of parent/guardian

TRAVEL OR FIELD TRIP AUTHORIZATION

I hereby grant permission for my child, _____, to leave Leakes Chapel Preschool premises under the supervision of a staff member for field trips.

Signature/Date of Parent

PICTURE RELEASE

I hereby grant permission for my child, , to

photographed or videotaped while involved in activities connected with the program at Leakes Chapel Preschool. No commercial use will be made of these photographs or videotapes without further consent.

Signature/Date of Parent

SCREENING AUTHORIZATION

I hereby grant permission for my child, _____, to participate in any screening that the staff feels may be needed in preparation for further schooling (such as a pre-kindergarten screening).

Signature/Date of Parent

Note: Letters will be sent home ahead of time to let you know when and where our field trips will be.

CHECKLIST FOR PRESCHOOL!

1. Copy of your child's birth certificate
 2. Enrollment forms
 3. Emergency contact/Medical release form
 4. Parental Agreement
 5. Immunization form (you can zip-to-date shot record)
 6. Registration fee of \$40.00
 7. Field Trip Form
 8. Screening Authorization form
 9. Picture Release form
 10. Picture of your child (need for their cubby)
 11. Extra set of summer and winter clothing and undergarment with h/her name on it. (you will be notified of orientation closer to the beginning of school, you may bring these with you then)
- ** the attached "handbook" is yours to keep. Please complete the Enrollment packet and return it along with your registration fee. **

Leakes Chapel Preschool

2334 Horteyville Road

Stanley, VA 22851

In

Dear Parents:

We want to welcome you to Leakes Chapel Preschool. We have received your registration form and fee for preschool. Preschool is scheduled for Monday, Wednesday and Friday, 9:00-12:00.

We are very excited about the Preschool and we thank you for the opportunity to let us share this with your child. We look forward to developing a warm and caring relationship with all the children.

We will be in touch with you later in the summer to let you know when orientation has been scheduled. This will give you and your child an opportunity to meet us, see our classroom and ask any questions. We will be going over some information and helpful hints at this time as well.

Until then, to help prepare your child, we encourage you to talk with them about preschool. We will have a bible time, pkiy time, story time, crafts, music, learning games as well as activities to help with numbers, letter shapes and sounds.

Orientation will be scheduled sometime in August. The first day of school will be on Wednesday, September 7, 2011.

Again, we thank you for the opportunity, and if you have any questions, don't hesitate to call the preschool at 778-3008, Sue Painter at 843-0740, or bawn Knigh ton at 778-5130.

We look forward to our new adventures together!

540-778-3008

Leakes Chapel Preschool