

Leake's Chapel Preschool

Enrollment Packet

2234 Honeyville Road

Stanley, VA 22851

540-778-3008



Leakes Chapel Preschool

Enrollment Form

Child's Name: _____

Nickname: _____

Date of Birth: _____ Sex: _____

Mother/Legal Guardian: _____

Address: _____

Phone Number: _____

Employer: _____ Phone #: _____

Email Address: _____

Father/Legal Guardian: _____

Address: _____

Phone Number: _____

Employer: _____ Phone #: _____

Email Address: _____

List Names and Ages of Siblings: _____

Authorized People to pick up your child: List 2 other than parents

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

The following people are authorized to be contacted in an emergency or illness when a parent cannot be reached. (We contact parents first so please do not put parent's info here)

1- Name: _____

Phone Number: _____

Relationship to child: _____

Home Address: _____

2- Name: _____

Phone Number: _____

Relationship to child: _____

Home Address: _____

Please list any allergies to food or drink your child may have:

Please list any other medical conditions or information you think would help us to be better teachers for your child:

If an emergency occurs and we, the parents 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.

Parent Signature: _____ Date: _____

Authorizations and/or Releases

I hereby grant permission for my child, _____, to leave Leakes Chapel Preschool premises under the supervision of a staff member for field trips. (parents notified of trip at least a week in advance).

Parent Signature: _____

I hereby grant permission for my child, _____, to be 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.

Parent Signature: _____

I hereby grant permission for my child's, _____, photo or videos on the Facebook page for Leakes Chapel Preschool. Members of this page are monitored.

Parent Signature: _____

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). Parents are given prior notice to any testing performed by anyone except the teachers at Leakes Chapel.

Parent Signature: _____

Leakes Chapel Preschool

Parental Agreement

Child's Name: _____

Date of Birth _____

I understand there is a \$50.00 non-refundable registration fee. The tuition is \$125.00 per month for the FROG class (Ages 4-5) and \$85.00 per month for the Tadpole class (ages 2-3). Payment is due by the 5th of the month.

My child attends the following class: (circle One) Frogs-MWF or Tadpole- TTH

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 personal 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 form.

Parent Signature: _____

Preschool Checklist:

Item Needed	Provided	Notes
Copy of Birth Certificate		
Enrollment Forms		
Immunization Record		
Registration Fee		
Release Form		
Picture for Cubby		
Extra set of clothes		
Anything that will help your child feel safe at school		

***Please do not send any items to school on or with your child that are valuable to you or your child. Things get misplaced or damaged in a room full of kids. Please do not allow your child to bring toys to school unless pre-arranged with the teacher.**

