

CHRIST EPISCOPAL PRESCHOOL
1521 N. Patterson Street
VALDOSTA, GA 31602

APPLICATION FOR ENROLLMENT

School Year 2020 / 2021 Sex: M ___ F ___ Class: 2 ___ 3 ___ 3 (3day) ___ 4 ___

Name of Child _____

Name Child Called _____ Date of Birth _____

Address _____

E-mail Address: _____ Phone _____

Name of Parents (Mother) _____ Daytime Phone _____

or Guardians (Father) _____ Daytime Phone _____

Child's Physician _____ Phone _____

Communicable Diseases Child Has Had _____

_____, _____

Names & Numbers of persons authorized to pick up child (emergency or otherwise):

_____ Phone _____

_____ Phone _____

_____ Phone _____

Non - Refundable Registration Fee of \$150.00 must accompany this application. Classes are filled on a first come, first served basis upon return of the application and registration fee.

Monthly Tuition: Members of Christ Church - \$175
Non-members - \$195
Three-day (T-W-Th) a week 2 yr. old class - \$135
Three-day (T-W-Th) a week 3 yr. old class - \$135

Tuition is due the first day of each school month.

Date

Parent's/Guardian's Signature

I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact you through any of the persons listed on the emergency information sheet you completed for us.
4. If we cannot contact you or your child's physician, we will do any of the following:
 - a. Call another physician;
 - b. Call an ambulance;
 - c. Have your child taken to any emergency hospital in the company of a staff member.
5. Any expense incurred under #4 above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Photograph consent form

Christ Episcopal Church Preschool

We would be grateful if you could sign the attached form and return it. We cannot publish images of children unless the form has been signed by a parent or guardian.

The photographs may be used in any of the media used by **Christ Episcopal Church** for classroom setting, promotion including newsletters, leaflets, and posters. They may also be posted on the web site. No children's names will be included with photographs posted on the web.

Any photographs taken will be used **only** by Christ Episcopal Church, and used by the teachers of pre-school

If at any time you wish your photo to be deleted from the photo library, please contact Kim Dudley; Parish Administrator.

Thank you for your help.

Christ Episcopal Church Preschool Consent for use of photos

Name of child/young person 1:

Name of child/young person 2:

Name of child/young person 3:

Name of child/young person 4:

Name of child/young person 5:

I am the legal parent/guardian of the child/children/young person above and I give permission for my child/myself to be photographed for the following uses:

Classroom setting, media identified by the Christ Church, including posters, flyers, websites.

I confirm that I have read the letter attached to this permission form and understand the proposed uses for the photographs. I understand that I can withdraw the photo from the photo library at any time by contacting the Christ Episcopal Church office.

I understand that there will be no payment for my or my child's participation.

Signature of parent/guardian:

Name of parent/guardian (print):

Address:

Date:
