



## **CHRIST EPISCOPAL CHURCH PRESCHOOL**

1521 N. Patterson Street  
Valdosta, GA 31602

Dear Parents/Guardians:

*We are eagerly looking forward to teaching your child during the upcoming school year. Christ Episcopal preschool program plans to continue our two-, three-, and four-year-old classes. If you are interested in our program, please complete the enclosed application and return to us, as soon as possible.*

*In addition to our preschool program, Christ Episcopal Church will continue to offer a Parent's Morning Out Program, for children under two.*

*Enclosed please find the registration information for the school year and a permission form to play on the playground equipment and to participate in field trips.*

*In addition, parents must provide an up-to-date immunization form, provided and signed by your child's pediatrician, and a complete list of persons authorized to pick up your child. The immunization form may be submitted any time prior to the beginning of school year.*

*Application for enrollment with the non-refundable \$150.00 registration fee must be received in order to guarantee your child a spot in the program.*

*If you have any questions regarding our program, please don't hesitate to call.*

Sincerely,

Elise Sandbach  
Preschool Director  
229-630-4738



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### **APPLICATION FOR ENROLLMENT**

**Sex: M \_\_\_\_\_ F \_\_\_\_\_ Age: 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_**

**Name of Child: \_\_\_\_\_**

**Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_**

**Parent(s) Name(s): (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_**

**Mother's Address: \_\_\_\_\_**

**Mother's Email Address: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_**

**Mother's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_**

**Father's Address: \_\_\_\_\_**

**Father's Email Address: \_\_\_\_\_ Father's Phone: \_\_\_\_\_**

**Father's Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_**

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

**Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Name: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Non-Refundable Registration Fee of \$150.00 must be accompany this application.**

**Monthly Tuition: Members of Christ Church:-\$175.00 & Non-Members-\$195.00**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

**\*TUITION IS DUE THE FIRST DAY OF EACH MONTH\***



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### **PERMISSION**

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 accompanied by a parent.

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

- 1.) Attempt to contact parent/guardian
- 2.) Attempt to contact you through any of the persons listed on the emergency information sheet you completed for us
- 3.) 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.
- 4.) Any expense incurred under #4 above will be borne by the child's family.
- 5.) The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

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Parent/Guardian Signature

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Date

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Parent/Guardian Signature

---

Date



## **CHRIST EPISCOPAL CHURCH PRESCHOOL**

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**Dear Parents/Guardians:**

*Please sign the attached which is a photo release form.*

*Our policy is to use the photographs of our children on the Preschool Facebook page, to allow parents to see what their children are experiencing in class.*

*We also use some of the photos to promote the Preschool.*

*Should you have any questions or objections regarding the use of your child's photos, please call the Director.*

*Thank you for your help.*



## **CHRIST EPISCOPAL CHURCH PRESCHOOL**

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### **Photograph Consent Form**

### **Christ Episcopal Church Preschool**

**Name of child/young person 1:** \_\_\_\_\_

**Name of child/young person 2:** \_\_\_\_\_

**Name of child/young person 3:** \_\_\_\_\_

**Name of child/young person 4:** \_\_\_\_\_

**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:** \_\_\_\_\_