

ROBERT H. LANGE CHRISTIAN PRESCHOOL 2012/2013

We are licensed to serve children 2 yrs. through 6 years old.

① NAME OF CHILD: _____
First Middle Last

NAME USED IN SCHOOL: _____

DATE OF BIRTH: _____ Age in 9/12 ____ Yrs. & ____ Mo. M/F: _____

HOME ADDRESS: _____ CITY/ZIP: _____

HOME PHONE:(____) _____ CHILD RESIDES WITH: _____

E-MAIL ADDRESS: _____

MOTHER: _____ FATHER: _____

EMPLOYER: _____ EMPLOYER: _____

WORK PHONE:(____) _____ WORK PHONE:(____) _____

CELL PHONE:(____) _____ CELL PHONE:(____) _____

② The following people may be called in case of illness/minor injury and the parents cannot be reached. These people are also authorized to pick up the children.

NAME: _____ PHONE:(____) _____

NAME: _____ PHONE:(____) _____

NAME: _____ PHONE:(____) _____

NAME: _____ PHONE:(____) _____

Who will be picking up your child most of the time? _____

③ MEDICAL DIRECTIVE:

In case of serious illness/accident and I CANNOT be reached, I give my legal consent for Robert H. Lange Christian Preschool to: (check all that apply)

1) _____ Call Doctor _____ Phone:(____) _____

2) _____ Call 911 and release paramedics to perform necessary treatment.

3) _____ I authorize all necessary treatment deemed advisable.

List allergies (food or medicine) or medical condition that could affect the treatment.

Insurance Carrier: _____

Policy # _____ Policy Holder's Name: _____

Child's Name: _____

Parent or Legal Guardian Signature: _____

CHURCH YOUR FAMILY ATTENDS: _____

⑤ DO WE HAVE YOUR PERMISSION TO PRINT YOUR ADDRESS AND PHONE NUMBER ON A CLASS LIST TO BE DISTRIBUTED TO OTHER CLASSMATES? (This will not be sold or distributed outside the school)

YES _____ NO _____

5a) TO GIVE TO MOO FOR MAILINGS & EMAILS YES _____ NO _____

⑥ DO WE HAVE YOUR PERMISSION TO PHOTOGRAPH OR VIDEOTAPE YOUR CHILD FOR EDUCATIONAL AND PUBLICITY PURPOSES WITHIN M.O.O. (CHURCH AND ON T.V.) YES _____ NO _____

⑦ I am enrolling my child in the following session:

Tuition _____

Tuition is a predetermined yearly total divided into 10 equal payments, regardless of holidays, staff in-service days or unforeseen circumstances. NO credit is given for illness or personal vacation. Tuition must be paid in full on the **first of each month**. Tuition is payable by credit or debit card only. Any fees incurred because of late payment, changes in accounts, etc. will be passed on to you. **Pre-payment of last month's tuition is due prior to the first day of school. All withdrawals must be put in writing, with 30 days notice, in order to get a refund. There are NO EXCEPTIONS.**

TOTAL TUITION, DUE MONTHLY: _____

REGISTRATION FEE, DUE IMMEDIATELY: \$125.00 (NON-REFUNDABLE)

THERE WILL BE A \$25.00 FEE FOR RETURNED CHECKS

⑧ WHO WILL BE FINANCIALLY RESPONSIBLE FOR FEES DUE AND TO WHOM SHALL FINANCIAL CORRESPONDENCE BE SENT?

NAME: _____ PHONE:(____) _____

ADDRESS: _____ CITY/ZIP: _____

****I understand all school policies; purpose & philosophy, financial, medical, organizational and educational. I agree to abide by these policies and herewith enroll my child. I have also received and read the parent handbook and know my rights outlined in the Personal Rights Form, Parents Rights Notice, and this Financial Agreement. NO SIBLING POLICY: Siblings are not allowed in the classroom or on field trips. Continued enrollment of my child is dependent on my continued support and co-operation of the preschool staff and all school policies.**

My child is potty trained and is able to use the restroom independently

*Two year olds may where pull-ups.

⑨ SIGNATURE: _____ **DATE:** _____