

Enrollment Form 2017-2018



Child's Name: _____

DOB: _____

Please Check: ☐ Boy ☐ Girl

Parent Name: _____

Phone #: _____

Parent Name: _____

Phone #: _____

Please mark the program/days you are selecting for 2017-2018 School Year. Placement is based on your child's age on or before September 1st. This form is to be returned with the non-refundable Registration/Supply Fee, see amounts below.

Registration Fees: (Fees are per child)

MDO \$220

Preschool 3's \$285

Pre-K 4's \$335

All Supply Fee \$35 (January 2018)

Infants (3mo-12mo) Please "x" box and circle days	<input type="checkbox"/>	2 Day	M T W Th F	\$237
	<input type="checkbox"/>	3 Day	M T W Th F	\$350
	<input type="checkbox"/>	4 Day	M T W Th F	\$464
	<input type="checkbox"/>	5 Day	M T W Th F	\$577

Two Year Olds Please "x" box and circle days	<input type="checkbox"/>	2 Day	M T W Th F	\$227
	<input type="checkbox"/>	3 Day	M T W Th F	\$330
	<input type="checkbox"/>	4 Day	M T W Th F	\$433
	<input type="checkbox"/>	5 Day	M T W Th F	\$536

Walkers (13mo-17mo) Please "x" box and circle days	<input type="checkbox"/>	2 Day	M T W Th F	\$237
	<input type="checkbox"/>	3 Day	M T W Th F	\$350
	<input type="checkbox"/>	4 Day	M T W Th F	\$464
	<input type="checkbox"/>	5 Day	M T W Th F	\$577

Preschool 3 Year Olds Please "x" box and circle days	<input type="checkbox"/>	2 Day	M T W Th F	\$237
	<input type="checkbox"/>	3 Day	M T W Th F	\$350
	<input type="checkbox"/>	4 Day	M T W Th F	\$464
	<input type="checkbox"/>	5 Day	M T W Th F	\$577

Toddlers (18mo-24mo) Please "x" box and circle days	<input type="checkbox"/>	2 Day	M T W Th F	\$237
	<input type="checkbox"/>	3 Day	M T W Th F	\$350
	<input type="checkbox"/>	4 Day	M T W Th F	\$464
	<input type="checkbox"/>	5 Day	M T W Th F	\$577

Pre-K 4 Year Olds Please "x" box and circle days	<input type="checkbox"/>	3 Day	M T W Th F	\$366
	<input type="checkbox"/>	4 Day	M T W Th F	\$479
	<input type="checkbox"/>	5 Day	M T W Th F	\$582
	<input type="checkbox"/>			

Enrollment will be processed on a first come - first serve basis until each class is full to capacity. You will be notified if you have enrolled your child for a class that is not available so that you can make a 2nd selection.

Parent Signature: _____

Date: _____

OFFICE USE ONLY:

Date Received: _____

Registration Fee Amt: _____ Paid by Cash _____ Check# _____

Received By: _____

Family Information Form



Child's Name: _____

DOB: _____

Mom's Name: _____

Mom's Email: _____

Mom's Phone Number: (CELL) _____

(WORK) _____

Dad's Name: _____

Dad's Email: _____

Dad's Phone Number: (CELL) _____

(WORK) _____

_____ I UNDERSTAND THAT EMAIL IS THE PRIMARY FORM OF COMMUNICATION BETWEEN SCHOOL AND PARENTS, I
WILL KEEP THE MOST CURRENT EMAIL ON FILE WITH FIRST PLACE.

Home Address: _____

City: _____ State: _____ Zip Code: _____

Please provide full home address, including City, State and Zip Code

Emergency Contact

The following contacts are authorized for said child to be released to or called in the event of an emergency when parents cannot be reached. This person **MUST** have a local address. YOU MUST PROVIDE ALL THE INFORMATION.

Name: _____

Phone Number: _____

Address: _____

Additional Authorized Pick Up Contacts

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Other Information

Sibling Name: _____

Age: _____

School: _____

Sibling Name: _____

Age: _____

School: _____

Sibling Name: _____

Age: _____

School: _____

Church Home: _____

Referred to First Place by: _____

Parent Signature: _____

Date: _____

Medical Information Form



Child's Name: _____

DOB: _____

Medical Information and Requirements

If I cannot be reached to make arrangements for emergency care for my child at the time of an illness or accident, I give permission for First Place Christian Learning Center to take my child to:

Child's Physician: _____

Phone #: _____

Physician Address: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature: _____

Date: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term conditions and any other information which caregivers should be aware of:

Immunizations

Immunizations	Date/Dose 1	Date/ Dose 2	Date/Dose 3	Date/ Booster
DTP/DTaP/DT				
Polio IPV or OPV				
Measles Rebeola/Sermnion				
Mumps				
Rubella				
Hib				
Hepatitis A				
Hepatitis B				
TB Test (If Required)				
Pneumooccal PCV7				
Varicella (See Below)				

****Please Note:** Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's Signature: _____

Date: _____

Admission Requirement

PHYSICIAN STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the preschool program.

Physician/Health Care Professional Signature: _____ Date: _____

Hearing and Vision Screening (For 4 year olds ONLY)

HEARING	1000 Hz	2000 Hz	4000 Hz	
Right	_____ Pass _____ Fail	_____ Pass _____ Fail	_____ Pass _____ Fail	
Left	_____ Pass _____ Fail	_____ Pass _____ Fail	_____ Pass _____ Fail	
VISION	R20/ _____	L20/ _____	_____ Pass _____ Fail	

Clinician Signature: _____ Date: _____