



Date Received: _____ Reg. Fee: _____
Info Complete: _____
Physical: _____
Birth Certificate: _____
Class: _____ Teacher: _____

ENROLLMENT INFORMATION School Year 2023-2024

Program Choice: Please mark a 1 by your first choice and a 2 by your second choice.
Class rosters will not be structured based on any teacher preferences submitted.

4s (4 by 9/1/23)
9:00-11:30am

3s (3 by 9/1/23)
9:00-11:30am

Young 3s (3 by 12/31/23)
10:00-11:30am

3 day (MWF) _____

2 day (T/TH) _____

2 day (T/TH) _____

4 day (T-F) _____

3 day (MWF) _____

5 day (M-F) _____

4 day (T-F) _____

of students/class: Min. 7 / Max. 10

Child's Name: _____

Date of Birth: _____ **Age as of September 1, 2023:** _____ **Sex:** M F

Home Address: _____ **City, Zip:** _____

Primary Phone: _____ **Primary Email:** _____

Father's Name: _____ **Occupation:** _____

Business Name: _____ **City, Zip:** _____

Business Phone: _____ **Cell Phone:** _____

Email: _____

Mother's Name: _____ **Occupation:** _____

Business Name: _____ **City, Zip:** _____

Business Phone: _____ **Cell Phone:** _____

Email: _____

Name of Preschool Attended Last Year: Nazarene None Other: _____

Names and Ages of Siblings: _____

DOES YOUR CHILD HAVE ANY MEDICAL OR DEVELOPMENTAL CONDITIONS? (allergies, hearing, speech, etc.) NO YES

If yes, please list: _____

Medicine to be kept at school? NO YES

If yes, please explain: _____

Physician Signed Medical Release Form must be on file for medicine to be administered at school.

I give permission to the staff of Nazarene Preschool to make whatever emergency (i.e. first aid, disaster, evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the center.

In case of a medical emergency, I understand that my child will be transported to the hospital deemed appropriate by the responding emergency unit. The child will be transported at the expense of the parents.

I understand that in some medical situations the staff will need to contact local emergency resources before the parent, physician or other adult acting on the parent's behalf.

Parent's Signature _____ Date _____

Tuition Policy

Tuition is due on the first school day of each month. Tuition not paid by the 10th of the month will be assessed a late fee of \$10; Unpaid tuition may result in dismissal from the program.

Parent's Signature: _____ Date: _____

Photograph Release/Consent Form

I grant First Nazarene Church permission to use photographs and video of my child participating in ministry activities for print and digital materials.

Parent's Signature: _____ Date: _____

Child's Personal Emergencies

Should your child have a personal accident where he/she soils clothing to the extent that clean clothes and personal clean-up is required, two school personnel will be present to assist your child in cleaning up. Parents will be notified.

Yes, I give permission to assist my child.

Parent's Signature: _____ Date: _____

OR

No, I do not give school personnel permission. My child is to remain in soiled clothes until I arrive.

How did you hear about our preschool? _____

Your Church Affiliation

Name of church affiliation: _____

We regularly attend: _____ Worship Services _____ Christian Education