



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

### ENROLLMENT INFORMATION School Year 2024-2025

**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 9/1/24)**  
**9:00-11:30am**

**3s (3 by 9/1/24)**  
**9:00-11:30am**

**Young 3s (3 by 12/31/24)**  
**10:00-11:30am**

3 day (MWF) \_\_\_\_\_  
4 day (T-F) \_\_\_\_\_  
5 day (M-F) \_\_\_\_\_

2 day (T/TH) \_\_\_\_\_  
3 day (MWF) \_\_\_\_\_

2 day (T/TH) \_\_\_\_\_

# of students/class: Min. 6 / Max. 10

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age as of September 1, 2024:** \_\_\_\_\_ **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

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

### **Handbook Receipt and Acknowledgement**

I have received and thoroughly read the Nazarene Preschool Parent Handbook. I understand and will comply with the policies stated in the handbook.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**How did you hear about our preschool?** \_\_\_\_\_

### **Your Church Affiliation**

Name of church affiliation: \_\_\_\_\_

We regularly attend: \_\_\_\_\_ Worship Services \_\_\_\_\_ Christian Education