



<u>OFFICE STAFF ONLY:</u>	
Date Received:	_____
Reg. Fee:	_____
Received by:	_____

**ENROLLMENT FORM
School Year 2025-2026**

Program Choice: Please mark '1' by your first choice and '2' by your second choice.

Pre-K 4s (4 by 9/1/25)
9:00-11:30am

Pre-K 3s (3 by 9/1/25)
9:00-11:30am

Young 3s (3 by 12/31/25)
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) _____

Child's Name: _____

Date of Birth: _____ **Age as of September 1, 2025:** _____ **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: _____

** Physician Signed Medical Release Form must be on file for any medication 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? _____

Name of Church Affiliation: _____

We regularly attend: ____ Worship Services ____ Christian Education