

RELEASE AUTHORIZATIONS

My child may be released to the person[s] signing this form or to the following:

NAME	RELATIONSHIP TO CHILD	PHONE #
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_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that the person or persons picking up my child must have a proper car seat and must show identification to pick up my child. _____ [Initial.] I also understand that without a proper car seat and identification my child will not be released to that person or persons, and all late fees will apply. _____ [Initial.]

EMERGENCY AUTHORIZATION

Emergency Contact Information [not a parent; must be a local resident]

Name _____ Relationship to child _____

Phone [Home] _____ [Work] _____ [Mobile] _____

Emergency Medical Contact

Pediatrician _____ Phone _____

Address _____

Hospital _____

I hereby authorize Life Springs Church Preschool to have my child transported to the listed physician or hospital OR any licensed physician or medical treatment center to treat my child in case of an emergency.

Parent/Guardian signature Date

MEDICAL INFORMATION

Does your child have any allergies? YES NO [circle one]

If yes, please identify: _____

Are there any other medical, mental or emotional problems associated with your child? If so, please explain: _____

Other special care required for your child? _____

USE OF PHOTOGRAPHS/VIDEOS

Please circle a response for both statements and initial.

Photographs/videos may be taken of my child for use within the Life Springs Church

YES NO _____ [initial]

Photographs/videos may be taken of my child for use outside the Life Springs Church

YES NO _____ [initial]

PARENTAL AGREEMENT

Life Springs Preschool agrees to provide care September through May. We follow the Pike County Schools calendar with the exception of scheduled holidays and emergency closings. If Pike County Schools close, Life Springs Preschool closes as well. Classes are offered Monday-Friday 8:30 am through 12:30 pm. Please make checks payable to **Life Springs Church Preschool**. If paying with cash, please make sure you get a receipt. Tuition paid in full for the entire year will be discounted 10%. **Please read and initial each of the following statements.**

1. _____ A child is considered registered when this application and immunization form have been completed/returned/accepted AND the non-refundable registration fee has been paid.
2. _____ For each day in attendance, I will send a nutritious snack.
3. _____ Tuition is due on the 1st day of each month and is late on the 5th day of the month. A late fee of \$10.00 will be added to my child's tuition on the fifth day and another \$10.00 for every five [5] days thereafter.
4. _____ Tuition is due each month even if I do not receive a tuition envelope.
5. _____ Tuition is also due the following month even if I decide to take my child out of the program. To avoid this fee I must give a two-week notice.
6. _____ If I pick my child up late, I will be charged a late fee of \$5.00 for the first five (5) minutes and \$1.00 for each additional minute thereafter.
7. _____ Tuition not paid two [2] months in a row will result in the removal of my child from the program.
8. _____ I have authorized my child's pediatrician to accept any calls from Life Springs Church Preschool for emergency attention.
9. _____ I agree to pay any fees associated each field trip. If I do not wish my child to attend a particular field trip, I understand there will be no classes offered that day for my child. I also understand that every precaution is taken during field trips; however, no teacher, parent, or Life Springs Church Preschool staff member will be held liable for any injury while on a field trip.
10. _____ Current immunization form is attached.
11. _____ Registration fee is attached.

Parent/Guardian

Date

OFFICE USE ONLY

Registration fee paid _____ Other fees paid _____

Date _____ Check # _____ Receipt # _____

Immunization form received _____ Class assigned _____