

Reg. Fee	Cash _____ Ck # _____
Class Placement	
Physician's Statement	
Shot Record	

# First Presbyterian Preschool

249 West McLelland Avenue

Mooresville, NC 28115

704-664-2701

lori@mooresvillefpc.org

## ENROLLMENT AGREEMENT

Age of child on 8/31/18 \_\_\_\_\_

Full Name of Child \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name Child is called \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street or PO Box City State Zipcode

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

Physician \_\_\_\_\_ Practice \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contacts:** (people who would be able to come in your absence and/or are allowed to pick up your child)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

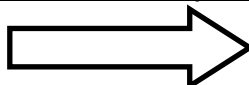
*Acceptance of this enrollment form and the Registration fee of \$85 (\$75 for FPC Members) assures your child a placement in our program. In return, we expect you will honor your enrollment for the term agreed upon. Extenuating circumstances do allow a mutual agreement to dissolve the contract, to be determined by the Director. The Registration Fee is refundable until April 1, 2018. if your child's space can be filled by another child.*

**There will be no refunds after April 1, 2018.**

**I agree to honor this Enrollment Agreement as described above.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)

**(please turn over and complete back page)**



## HEALTH INFORMATION

### Allergies

Does your child have any allergies?  YES  NO If yes, please explain and describe reaction:

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### Medications

Does your child take any medications?  YES  NO  If yes, please list the name of the medication and dosage: \_\_\_\_\_

Has your child been stung by a bee?  YES  NO

Has your child had chicken pox?  YES  NO

**Services:** Does your child receive any therapy or special services (ex: speech, occupational therapy, physical therapy)?  YES  NO If yes please explain: \_\_\_\_\_

**Additional Information/Concerns:** \_\_\_\_\_

## MEDICAL CONSENT

In the event that our child \_\_\_\_\_ becomes ill or sustains an injury while on an authorized and chaperoned outing or other authorized activities sponsored by First Presbyterian Preschool, 249 W. McLelland Avenue, Mooresville, NC 28115. I, the undersigned, give my permission to those in charge of the said activity to take whatever steps are necessary to stop any bleeding and to administer first aid.

I also consent to any X-ray, examination, anesthetic, medical (or dental), surgical diagnosis and treatment, hospital care, and the administration of drugs or medicine to be rendered to my child. This care would be administered under general or specialized supervision or upon the advice of a duly licensed physician and/or surgeon.

I understand that this consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

## FAMILY INFORMATION

**Marital Status of Parents:**  Married, living together  Separated  Divorced

If divorced, please describe custody and visitation agreement for the child. A copy of the agreement must be on file in the office.

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**Siblings:** Please list names and date of birth

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## MEDIA RELEASE

I, the undersigned, hereby consent that First Presbyterian Preschool has the right to photograph, videotape, or make digital recordings for my child and to use these media from here on forward in FPP publications (*for example: flyers, webpage, Facebook*).

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_