



# Blessed Beginnings @ Lakeshore

6880 Siwell Road Byram, Mississippi 39272 601.376.4140

**Enrolling for:**

Kindergarten only \_\_\_\_\_ Kindergarten/Daycare \_\_\_\_\_ Daycare Only \_\_\_\_\_ After-School Care \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Start Date \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_ Who has custody of child? \_\_\_\_\_

MOTHER:

Name \_\_\_\_\_

Address \_\_\_\_\_

city/zip \_\_\_\_\_

e-mail \_\_\_\_\_

Phone: cell \_\_\_\_\_

hm \_\_\_\_\_ wk \_\_\_\_\_

FATHER:

Name \_\_\_\_\_

Address \_\_\_\_\_

city/zip \_\_\_\_\_

e-mail \_\_\_\_\_

Phone: cell \_\_\_\_\_

hm \_\_\_\_\_ wk \_\_\_\_\_

**Name & Address of Employer:**

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**The following persons are authorized to pick up my child:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_

**Name, address, phone numbers of two people to contact in case of emergency, if we are unable to contact parents, and their relationship to your child.**

1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_

Are you a member of this church? \_\_\_\_\_ If not, what church do you attend \_\_\_\_\_

Referred by? \_\_\_\_\_

Previous child care center or kindergarten attended \_\_\_\_\_

Is your preschooler potty trained? \_\_\_\_\_

List names and ages of brothers and sisters \_\_\_\_\_

I authorize this center to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses. All medical expenses will be paid by the parents.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Child's physician \_\_\_\_\_ phone \_\_\_\_\_

**Please list any special need that your child may have. Include any allergies or unusual conditions.**

I give permission for my child to be photographed by the center for such things as newspaper articles, art projects, Blessed Beginnings @ Lakeshore Facebook page, etc. I give permission for my child to go on any field trips taken this year. I understand that I will receive advance notification of such field trips.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Date of Acceptance: \_\_\_\_\_

Form 121 yes no Date received: \_\_\_\_\_

Date of withdrawal: \_\_\_\_\_ Reason for withdrawal: \_\_\_\_\_

Updates: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Payment Agreement

### Kindergarten Only and Full-Time

- I understand that there is a yearly, non-refundable registration fee that must be paid in order to insure a space for my child.
- I understand that I will be expected to give a two week notice of plans to withdraw my child from enrollment.
- I agree to keep my payments current and follow the center's policies and regulations as set forth in the handbook. I understand that my child may be dropped from enrollment if these policies are not followed. There will be no reductions for holidays or closures due to weather.
- I have received a copy of "Child Care Regulations Summary For Parents" and the Parent's Handbook.

### Full Time

- I understand that weekly tuition fees are due on Monday in advance. Fees are due whether my child is present or not. There will be no reductions for holidays or closures due to weather. All tuition is non-refundable.
- I understand that there is a late fee in the amount of \$10 per week.
- I understand that once my child has been enrolled full time for one year (12 months) he is eligible for one week of vacation whereby I will not be expected to pay for the vacation week. A vacation week is a calendar week Monday - Friday of the same week.
- I understand that there is an activity fee each summer. This fee will cover the cost of field trips, swimming and other summer activities. This fee is due in advance of the summer program and is non-refundable.
- I understand that the center must close promptly at 6:00 p.m. Failure to pick my child up by 6:00 will place me responsible for paying two caregivers \$2.00 per minute.

### Kindergarten

- I understand that tuition is due in nine payments. Each payment is due on the 15<sup>th</sup> of each month - August - April. Tuition will not be prorated and is due whether my child is present or not.
- I understand that there is a late fee in the amount of \$10 which will be posted to my account should tuition not be paid by the last day of the month.

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Parent Signature

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Date