

GREEN MEADOWS PRESCHOOL ENROLLMENT FORM

Child's Name _____ Sex _____ Birth date _____
Address _____ Home Phone No. _____
Elementary School your child attends/ will attend _____

IDENTIFYING INFORMATION

A) Mother's Name _____ Home Ph. No. _____
Social Security Number _____ Cell Ph. No. _____
Home Address _____ Work Ph. No. _____
Employed by (or school attending) _____
Address _____ Scheduled work hours: _____
email: _____

B) Father's Name _____ Home Ph. No. _____
Social Security Number _____ Cell Ph. No. _____
Home Address _____ Work Ph. No. _____
Employed by (or school attending) _____
Address _____ Scheduled work hours: _____
email: _____

EMERGENCY CONTACTS (one required)

* Other than a parent or doctor

(Name and relation)	(Address)	(Phone)
(Name and relation)	(Address)	(Phone)

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CARE FACILITY:

Name: _____ Relation: _____
Name: _____ Relation: _____

COMMENTS ON CHILD'S DEVELOPMENT: (Note allergies, habits, past hospitalization)

(Date)

(Signature of Parent or Legal Guardian)

To Be Completed by Preschool

Admission Date: _____ Enroll Fee Paid _____

Enrolled: M T W R F (Circle Days enrolled)

() All Day () Half Day () Part Time () After/ Before School

Discharge Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize GREEN MEADOWS PRESCHOOL to contact:

Dr. _____ for emergency
(Name) (Address) (Phone)
medical treatment of my child. My preferred hospital is _____

(Address) (Phone)

TRIP PERMISSION

I give consent for my child to take part in field trips or excursions with this preschool under proper supervision. I understand that I must give written permission for field trips or excursions and that I will be notified when they are planned.

PERMISSION FOR SCHOOL-AGE CHILDREN TO LEAVE THE FACILITY

() I DO or () I DO NOT give consent for my child to be transported to/from elementary school by First Student or by Little Darlings Limo, LLC.

MEDIA PERMISSION

() I DO or () I DO NOT give consent for my child to appear in any newspaper, television, internet, or other source, in a preschool setting, that may occasionally take images of my child while under care at GMP.

AGREEMENTS

- a. The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
- b. When my child is ill it is understood and agreed that s/he may not be accepted into care.
- c. I have been informed of this facility's policies pertaining to the admission, care and discharge of children.
- d. I have been informed that a copy of Licensing Rules for Child Day Care Homes & Centers in Missouri is available at this facility for review.
- e. I understand that tuition is to be paid in advance on Monday of each week, or monthly in advance by the fifth of each month. Tuition becomes "delinquent" if it becomes two weeks or more past due. Delinquent accounts will be responsible for all unpaid tuition, as well as, all late fees associated with collection. If tuition is one week, or more, delinquent, a 20% late fee will be assessed. Seriously delinquent accounts will be turned over for collection and a "collection fee" of 35% of the total amount due will be added to these accounts. Accounts that are not collected within three months will be responsible for all attorney fees, court costs and filing fees associated with this legal action.
- f. I understand my credit history is subject to review upon enrollment or if my account should become two weeks or more delinquent.
- g. Green Meadows Preschool has the right to terminate a child's enrollment at any time.

(Date)

(Parent/ Legal Guardian Signature)