

CEDARS



PRESCHOOL

— at —

Locust Grove

Application & Contract

How did you hear about us?

(Circle all that apply)

Direct Mail

Yellow Pages

Drive By

Referred by _____

Fliers

Billboard

Saw Our Buses

Internet site: _____

Child's Name _____ / _____
(Last Name) (First Name)

Account Name (Parent/Guardian 1) _____
SSN (Parent/Guardian 1) -----

E-mail Address _____

Relationship to Child _____

Address _____

Cell Number _____ Home Number _____

Employer _____ Work Number _____

Employer _____ Address _____

Account Name (Parent/Guardian 2) _____

SSN (Parent/Guardian 2) -----

Relationship to Child _____

Address (if different) _____

E-mail Address _____

Cell Number _____ Home Number _____

Employer _____ Work Number _____

Employer Address _____

Child's Primary Residence: Both Mother / Father / Guardian

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

(Cedars Preschool must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons to pick up the child at such times, unless court papers state otherwise.)

Child's Name _____

DOB _____ Sex _____

Child's Social Security # (not required) _____

Home Address _____

City _____ State _____ Zip _____

Please list all siblings and other people living in the home:

Name _____ Relationship to Child _____ Age _____

Name _____ Relationship to Child _____ Age _____

Name _____ Relationship to Child _____ Age _____

Name _____ Relationship to Child _____ Age _____

CEDARS



PRESCHOOL

— at —

Locust Grove

RELEASE AUTHORIZATION

The child will be released only to the people on this application and the following persons:

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Name _____

Address _____

Phone Number _____

Relationship to Parent _____ Relationship to Child _____

Enrolling Parent/Guardian Signature _____

Please Print _____ Date _____

AUTHORIZATION FOR TRANSPORTATION

My child has permission to ride the Cedars Preschool Bus to and / or from (name of school): _____.

Signature of Parent or Guardian _____ Date _____

PROGRAM ASSIGNMENT

Cedars Preschool will be open from _____ AM to _____ PM for children ages 6 weeks - 12 years old.

My child will attend the following days and times:

M T W Th F

from _____ am / pm - _____ am / pm.

CEDARS



PRESCHOOL

— at —

Locust Grove

ENROLLMENT & FINANCIAL POLICIES

I agree to pay an annual registration fee at the time of enrollment and again every August. This enrollment fee is non-refundable.

I agree to pay the weekly tuition fee in advance, on or before close of business each Monday, without exception.

I understand if my school uses an automatic payment system, such as Tuition Express, participation is mandatory. I will be charged a handling fee if I choose not to participate.

I am aware that I will be charged a fee for late tuition.

I am aware that I will be charged a fee for late pick-ups.

I have received the Parent Handbook, containing additional policies and procedures.

This institution is an equal opportunity provider.

I understand that current rates are subject to change.

I am aware that a two week notice is required for withdrawals and failure to properly notify the center will result in being charged for the period of time that notice wasn't given.

I am aware that the center is within it's rights to collect any unpaid tuition, fees and collection or court costs associated with collection of these charges.

Parent / Guardian Name (please print) _____

Parent / Guardian Signature _____ Date _____

I hereby authorize the staff and director representing the center to give consent for any and all necessary emergency medical and First Aid care to include transportation, if needed, for my child while he/she is in the center's custody.

Signature of Parent of Guardian _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

Permission (is / is not) given for photography for publicity purposes to be used in print promotions, e-mail, or use on the company's web site including social media sites.

Signature of Parent or Guardian _____ Date _____

AUTHORIZATION FOR PHOTOGRAPHY

I agree to provide an up-to-date Immunization Record for my child within ten (10) days of enrollment in the pre-school program.

I agree to provide a completed Income Eligibility Statement (provided) at the time of enrollment.

Signature of Parent or Guardian _____ Date _____

AGREEMENT TO PROVIDE ADDITIONAL FORMS

