

Coal Mountain Baptist Preschool

A Ministry of Coal Mountain Baptist Church

3220 Dahlonega Hwy. Cumming, Ga. 30040

Phone: 770-781-8910 / Fax: 770-781-0879 / cmbpreschool@yahoo.com

2012/2013 Enrollment Form

Child's full name: _____ Preferred name: _____

Child's Date of Birth: _____ Age as of Sept.1st 2012 _____ Gender: _____

Home Phone Number: _____

Home Address: _____

Mother's Name: _____ Cell Phone # _____

Mother's Employer Name and Phone #: _____

Father's Name: _____ Cell Phone # _____

Father's Employer Name and Phone #: _____

Email Address: _____

Child lives with: (please circle one) Mother/Father/Both/Other- If so who: _____
Are there special custody arrangements of which we should be aware? _____

(By law, both parents have equal access to their child while he or she is in our care unless we have legal documents on file stipulating otherwise).

Sibling's names and ages: _____

Are you a church member or attend Coal Mountain Baptist Church? _____ If no, do you have a church family? _____

Is child potty trained? _____ (children entering into the 3yr. old and 4yr. old program must be fully potty trained)

Has child ever attended preschool or daycare? _____ If so, when and what facility: _____

Has child ever been dismissed from another facility? If so, when and reason.

Childs School District: _____

Names of Persons to whom we may release your child to other than you:

Name/Relationship: _____ Phone#: _____

Name/Relationship: _____ Phone#: _____

Name/Relationship: _____ Phone#: _____

A child will not be released to anyone excepted the above persons unless parent has specified in writing.

Medical Information

Does your child have any allergies or medical, emotional or behavioral conditions of which we should be aware of? _____ Type of Allergy or Condition: _____

Precautions or instructions to be taken at school: _____

If this is a food allergy of any type, we must have a list of safe foods or a list of foods that should not be brought into the classroom. These must be provide at open house. Safety is our #1 concern.

Do any effects of previous illness or injury persist at the present? _____

If so,

what? _____

Are there any other restrictions or limits of any activities? _____

Is there anything about your child that would help us get to know him/her better: (fears, likes, dislikes, etc. _____

Emergency Contact List

Please list emergency contacts for us to reach in the event we are unable to locate the parents of guardians. These people would have permission to pick up your child from school in the event of illness or other emergency. If we are unable to contact you, the following people should be called.

Name: _____ Phone# _____ Relationship _____

Name: _____ Phone# _____ Relationship _____

Name: _____ Phone# _____ Relationship _____

Child's Doctor:

Name _____ Phone# _____

Child's Dentist:

Name _____ Phone# _____

*Please note: A copy of your child's current immunization record **MUST BE PROVIDED** prior to the first day of school to be kept on file.

Insurance Information:

Insurance information must be filled out completely:

Insurance Carrier: _____ Policy or Group#: _____

Policy Holder's Name: _____ Employer: _____

Insurance Company's phone number for verification of coverage: _____

Authorization for Treatment:

In case of any emergency, I understand every effort will be made to contact me. I hereby authorize and give my consent (only in case of an emergency) to the Director, Teacher and/or staff of Coal Mountain Baptist Church Preschool to provide and/or arrange necessary related emergency transportation for my child to the nearest medical facility for immediate care. I authorize them to select medical personnel (including, under the supervision of, and the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel) who may order x-rays, routine test, medical or surgical diagnosis or treatment (including emergency care, hospitalization, anesthesia, surgery, or injections of medication) and to release any records necessary for insurance purposes. I will not hold Coal Mountain Baptist Church, the preschool and staff, the overseeing committee, and/or any other individuals or agencies associated with this program, for any accident or injury that may occur to my child while attending Coal Mountain Baptist Church's Preschool Program.

Date: _____ Signature of Parent or Guardian _____

Tuition Information

If space is available, completion of this enrollment form, receipt of immunization records and payment of a NON-REFUNDABLE registration fee of \$100.00 assures your child's place in our program for the designated school term.

Tuition rates for 2012/2013 School Year

3 day a week programs for 2's and 3's /\$165.00 per month

4 day, 4 year old program / \$200.00 per month

Discount for multiple child enrollment

3 day classes \$155.00 per child per month

4 day classes \$195.00 per child, per month

Activity fee

An activity fee of \$20.00 is due twice a year.

Fees will cover the cost of special activities.

School Hours are - 8:45am to 12:15pm

*Tuition is payable August 1st through April 1st. Payment is due one month in advance. Tuition is prorated for the year. Holiday, weather closing, sickness, or personal absences do not affect the monthly tuition fee or the date.

I have read and agree to the tuition and activity fee guidelines for the 2012/2013 school year.

Parent or Guardian's Signature _____ Date _____

Yes No I give permission for my child's photo to be used on the Coal Mountain Baptist Preschool website.

Student Name _____

Parent or Guardian's Signature _____

Date _____