

1525 Indian Trail Rd  
Norcross, GA 30093  
770-923-1821

www.campuschurch.org



For office use only:

Date Received:

Registration Fee:

Supply Fee:

Immunization Records:

Allergies:

**2012-2013 School Year**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: M F

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Church Home: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Who does child live with? \_\_\_\_\_ Primary language: \_\_\_\_\_

Names & ages of siblings: \_\_\_\_\_

Mother: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Including the mother & father listed above, the following persons may pick-up my child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Class you are registering child for:

\_\_\_\_ 1's Class-(must be 1 year of age on or before 09/01/12)

\_\_\_\_ 2's Class- (must be 2 years of age on or before 09/01/12)

\_\_\_\_ 3's Class- (must be 3 years of age on or before 09/01/12 & potty trained)

\_\_\_\_ 4's Class- (must be 4 years of age on or before 09/01/12 & potty trained)

### Parent Agreement

I am enrolling my child, \_\_\_\_\_ in the \_\_\_\_\_ year old class. I am enclosing the \$80.00 registration fee. I understand that the registration fee is non-refundable. A \$25.00 supply fee will be collected on or before the Open House in August. I agree to pay the monthly tuition of \$205.00 on the first school day of each month from September through May. I understand there will be a late fee of \$5.00 if paid after the 5th of each month and an additional \$1.00 per day after the 10th of the month. ***I understand that if I must withdraw my child from the program, one month's notice is required and I will be responsible for paying one full month's tuition for any portion of a month in which my child attends.*** I understand if I am late picking up my child, I will be charged a late fee, according to the Parent Handbook.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Medical & Dietary Information

Child's Name: \_\_\_\_\_

Is your child allergic to any medications?  yes  no If yes, what? \_\_\_\_\_

Is your child allergic to any foods?  yes  no If yes, what? \_\_\_\_\_

Does your child have any known allergies, physical problems, mental disorders, mental retardation or developmental disabilities which would limit his/her participation in the preschool's program and activities?  yes  no If yes, please list: \_\_\_\_\_

Child's Primary Source of Healthcare:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to contact in case of an emergency when parents cannot be reached:

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

## First Aid Permission Form

I, (parent, legal guardian) \_\_\_\_\_ give permission for a Kids' World Preschool staff member to treat (child's name) \_\_\_\_\_ for minor bumps or scrapes with any of the following:

Hydrogen Peroxide

Calamine Cream

Bactine First Aid Spray

Ice Packs

Benadryl Spray

Neosporin

Antibacterial Wipes

Adhesive Bandage

Sting Relief Stick

## Medical Permission Form

It is mutually agreed that in the event of an accident or illness of the child while in the care of the Kids' World Preschool, the KWP shall use its best effort to contact the parent immediately. In the event the parent is not immediately available, however, the KWP is authorized to secure such care as the situation may reasonably warrant. When the parents cannot be immediately contacted, the KWP will use its best efforts to contact your emergency contact listed above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy or Group Number