

Mary, Mother of God Preschool

ENROLLMENT AGREEMENT

Student Name: _____ Birthday: _____

Home address: _____ Phone: _____

Parent/Guardian name: _____ Phone: _____

Email: _____ Work address: _____

Parent/Guardian name: _____ Phone: _____

Email: _____ Work address: _____

Start date: _____ Class: _____ Session: _____

Non-Refundable Registration fee: _____ Due: _____ Initial: _____

Annual tuition total: _____ Paid in full, 5% discount total: _____ Initial: _____

Annual tuition - monthly payment plan total: _____ September Due: _____ Initial: _____

Every monthly tuition payment from September until May is due the 15th of the month before. Initial: _____

If not paid on the 15th of the prior month, following a 7 - day grace period. If tuition still not paid a \$30 late fee will be charged and due with that tuition immediately. *Tuition not paid in full by May 15 will result in student unable to return until payment is complete.* Initial: _____

If tuition is not paid two consecutive months student may not return until tuition and late fees are paid in full. Initial: _____

Students must be picked up promptly at dismissal time. While emergencies can occur, every effort must be made for any late pick up person to call the school. There will be a charge of \$1 per minute for every minute a student is at the school. Initial: _____

In the event of withdrawing your student from the school, a written notice must be made 30 days in advance. Initial: _____

Every effort will be made to have school be open, in the event of inclement weather please refer to the Hillsborough Board of Education's schedule for delayed opening and early dismissal. Initial: _____

Mary, Mother of God follows the Hillsborough Board of Education School Calendar for days closed. Initial: _____

We are unable to schedule make-up days or give tuition credit for missed days. Initial: _____

I, _____, agree to the above enrollment agreement. I understand my responsibilities to Mary, Mother of God Preschool.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

Mother
Name _____

Address (if different than above) _____

City _____ State _____ Zip _____

Cell Phone _____

Employer _____

City _____ State _____

Father
Name _____

Address (if different than above) _____

City _____ State _____ Zip _____

Cell Phone _____

Employer _____

City _____ State _____

Does your child have any allergies or physical limitations? Yes _____ No _____

Allergy _____ Requires Epi Pen Yes _____ No _____

Limitations _____

Is your child currently receiving any medications? If so, please list. _____

Has your child ever suffered any serious illness, injury or hospitalization? _____

Please tell us about your child's developmental history. _____

Was your child premature? Yes _____ No _____ If yes, how many weeks? _____

Has your child been evaluated for any of the following:

		Date of Evaluation	By Whom
Speech/Language	Yes / No	_____	_____
Occupational Therapy	Yes / No	_____	_____
Physical Therapy	Yes / No	_____	_____

Previous School Experience:

School _____ Dates of Enrollment _____

School _____ Dates of Enrollment _____

What would you like us to know about your child?

Emergency Contacts/Approved Pick Ups

Please list those people who live close by that we may contact in the event that a parent/guardian is not available in an emergency or that are permitted to pick up your child.

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child is NOT permitted to be released to the following person(s) under any circumstances.

Please write "Not Applicable" on the line above if this situation does not apply.

Name (print) _____

Signature _____ Date _____

I, _____ hereby give my permission to
Mary, Mother of God Preschool to provide emergency medical treatment to my child,
_____ if deemed necessary.

Signature _____ Date _____

I give permission for my child, _____ to go outdoors for
playtime and supervised walks on church property.

Signature _____ Date _____

Mary, Mother of God Preschool may take photos of my child, _____.
These photos may be posted of bulletin boards in school or church, they may be used to
illustrate the school's setting and activities, they may be used in flyers, newspapers, brochures
or web pages.

Parent Signature _____ Date _____