

# Learn-A-Lot Preschool Enrollment Form

Turning Point Church

Child's Full Name (First, Middle, Last): \_\_\_\_\_

Name child goes by: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age as of Aug. 1st: \_\_\_\_\_ Gender: (M) (F)

Mother's Full Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_

Email Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_

Email Address: \_\_\_\_\_ Work #: \_\_\_\_\_

For office Use Only: Date Processed: : \_\_\_\_\_ Member of TPC: \_\_\_\_\_ Registration Fee pd \_\_\_\_\_

Preschool Tu/Th

PreK M/W/F

## Household Information

Parent/Guardian with legal custody: \_\_\_\_\_

Other family members living in the home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are there any special circumstances/custody situations that we should be aware of? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact

Primary Emergency Contact (other than parent/guardian): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Secondary Emergency Contact (other than parent/guardian): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Authorized people to pick up my child (other than parents/guardians):

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

Make/Model/Color of Car: \_\_\_\_\_

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

Make/Model/Color of Car: \_\_\_\_\_

## Consent for Emergency First Aid and Transportation

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member of Learn-A-Lot Preschool. I also give permission for my child to be transported by ambulance, or car, to an emergency center for treatment and agree not to hold Turning Point Church and/or Learn-A-Lot Preschool and its employees responsible.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent for Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician. I agree not to hold Turning Point Church and/or Learn-A-Lot Preschool and its employees responsible.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photography Release

\_\_\_\_\_ My child's photography may be taken at school and used for craft/class purposes.

\_\_\_\_\_ My child's photograph may be placed on the LAL Facebook page and web page for families.

\_\_\_\_\_ My child's photography may be used in LAL Preschool advertisements/brochures.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Information

Child's Physician: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Any special health conditions: \_\_\_\_\_

Allergies-Food: \_\_\_\_\_

Allergies-Medicine: \_\_\_\_\_

Allergies-Other: \_\_\_\_\_

## Responsibility of Payment

I consent to the enrollment of my child, \_\_\_\_\_, in Learn-A-Lot

Preschool and agree that the preschool shall not be responsible in case of sickness or injury of the child while in attendance of the preschool facility or to/from the facility.

I understand that my registration fee is non-refundable if I withdraw my child from preschool.

I agree to pay the tuition in the following manner:

### **Payments made via ACH** (request a form for this option)

\_\_\_\_\_ Save 5% (Aug-May) (\$104.50 Preschool Class / \$142.50 PreK Class)

\_\_\_\_\_ Save 10% one time in full, due by Aug 10th (\$990.00 Preschool Class / \$1,350.00 PreK Class)

### **Payments made via PushPay App**

\_\_\_\_\_ Monthly (Aug-May) (\$115.50 Preschool Class / \$157.50 PreK Class)

\_\_\_\_\_ Save 5% one time payment in full, due by Aug 10th (\$1045 Preschool Class / \$1425 PreK Class)

\*To make a payment via PushPay, text "turningpoint" to 77977 on your smart phone and a link will be sent to you. The app is simple to use, but please let us know if you need help using it the first time. When you choose giving type from the app, scroll down and select "Preschool Tuition". Please note that there is a 5% surcharge to use PushPay, due to added fees we incur.

~ I understand that if the monthly tuition is not payday the end of the month, my child could lose his/her place in the class.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_