



## *Preschool Enrollment Form*

Please complete this form and return it to us as soon as possible with the registration fee of \$50.00. We cannot process your registration without the registration fee. You will receive a letter confirming your child's enrollment in the program. If there is not space at this time, you will receive a letter with that information.

### I. CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### II. LEGAL GUARDIANS

Legal Guardian #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Legal Guardian #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

### III. IN CASE OF EMERGENCY

#### Emergency Contacts (other than legal guardians):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions concerning your child:

\_\_\_\_\_

In case of emergency, after calling the above numbers, if I cannot be reached, I authorize Chapel Hill Mother's Day Out, at their discretion, to take my child to his/her physician or emergency room at \_\_\_\_\_ Hospital by private car or ambulance. I will be financially responsible for any cost incurred.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### IV. DAYS REQUESTED

Days preferred for Extended Day care:      Monday     Wednesday     Friday

**V. CHILD PICK UP**

Other than the parents/legal guardian, who is allowed to pick up this child? **NOTE: Please inform those picking up your child that we will need to see a photo ID when they come in.**

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

**VI. DIRECTORY INFORMATION**

Each Fall, we publish a directory containing addresses and phone numbers for our families. Please sign below if you **DO NOT** want your information to appear in this directory.

\_\_\_ I **DO NOT** want my personal information printed in the Chapel Hill Phone Directory.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**VII. PHOTO RELEASE**

I hereby grant permission to Chapel Hill MDO/Preschool to photograph my child during their enrollment period at Chapel Hill. I understand that these photos will only be used by Chapel Hill MDO/Preschool for the purpose of promoting the MDO/Preschool program on paper and/or on the church website. I understand that I have the right to terminate this agreement at any time by providing the director with a written notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**VIII. NOTICE OF NON DISCRIMINATORY POLICY AS TO STUDENTS**

Chapel Hill Mother’s Day Out and Preschool enrolls students of any race, color, national and ethnic origin and grants them all rights, privileges, programs and activities generally accorded or made available to students enrolled in the program.

**IX. PARENT HANDBOOK**

Please sign and return the last page in the Parent Handbook. We must have a new form every year for each family enrolled.

Please do not write in space below. For office use only.

| REG | IMM | Date Received | Entered in Computer |
|-----|-----|---------------|---------------------|
|     |     |               |                     |