

Preschool Registration Form

Registration Date _____

Grade Entering _____

Child's Name _____

(Last) (First) (Middle)

Birth Date _____ Age _____ Sex _____

How did you hear about St. Paul Christian School? () Website () Church () Friend () _____

Mother's Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Employment _____

Work Phone _____

Church Attending _____

Father's Name _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Home Phone _____

Cell Phone _____

Employment _____

Work Phone _____

Church Attending _____

Child Lives with: Mother ___ Father ___ Both ___ Other ___

Physician Information

Child's Physician _____ Telephone # _____

Child's Dentist _____ Telephone # _____

Authorized Pick-up Contacts (Child may be released to this person)

1. _____
(Name) (Phone) (Relationship)

2. _____
(Name) (Phone) (Relationship)

3. _____
(Name) (Phone) (Relationship)

Local Emergency Contact (When parents cannot be contacted)

Name _____
(Name) (Phone) (Relationship)

Special Instructions/Allergies/Medical Conditions _____

If the information on this form needs to be updated, I will notify the school at the earliest convenience.

Parent/Guardian Signature _____ Date _____

St. Paul Lutheran Preschool
1407 E. John Sims Parkway Niceville, Florida 32578
850-678-1298

Parental Agreements

1. Tuition for _____ at St. Paul Lutheran Preschool for the 20____ School Year is \$_____
(Child's name) (Monthly)

He/She will attend St. Paul Lutheran Preschool for one of the following programs

____ VPK- Monday-Thursday ____ 3yr-Preschool-Monday-Thursday ____ Friday Program

(Check all that apply)

2. I agree to pay tuition or the extended care amount on the 5th day of the month by a direct payment method each month for the entire month. Payment is considered late if not paid on the 5th day of the month and a late charge of \$25.00 will be charged. Tuition plus late fees not paid by the 15 day of the month will incur an additional \$35.00 late fee and a notice of forfeiture will be given. If all the monies due are not paid in full by the end of the month, the student's place will be forfeited unless arrangements have been made with the accounting office or the director in advance.

3. I acknowledge that there will be no reduction to tuition due to absences pertaining to illness, family vacations, closings due to inclement weather, or one day holidays.

4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status and immunization records.

5. I have received a copy of the Behavior Guidance Policy.

6. In the event of an emergency and the parents cannot be contacted, I authorize St. Paul Lutheran Preschool on my behalf to obtain professional medical assistance for my child.

7. I understand that St. Paul Lutheran Preschool is under the watch care of St. Paul Lutheran Church. They are licensed through the state of Florida. St. Paul Lutheran Preschool is a nonprofit, Christian organization that is faith based. We support and teach biblical family values.

8. St. Paul Lutheran Preschool operates on an "Open Door Policy." Please feel free to stop by anytime during the hours of operation.

9. I have read the St. Paul Lutheran Preschool Parent Handbook and agree to follow all of the guidelines and policies stated by signing on the line below.

10. I have received a copy of the brochure "Know Your Child Care Facility" from the Florida Department of Children & Families.

11. I have received a copy of the "Influenza Virus, The Flu, A Guide to Parents" from the Florida Department of Children & Families.

12. I have read the Rilya Wilson Act and the Distracted Adult flyer from the Florida Department of Children & Families.

Signature (Parent/Guardian) _____ Date _____

Child's Personal Record

This form will help us better understand your child and will be kept in his/her file.

Child's Name: _____ Date of Birth: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Legal Gaurdians: _____

Siblings (names and ages) _____

What languages are spoken in your home? _____

Does your child have any pets? _____

Is your child toilet trained? _____

Does your child have any known allergies? _____

Is this your child's first experience in preschool? _____

Please list some of your child's favorite things (books, songs, places, etc...)

PLEASE COMPLETE THE FOLLOWING SENTENCES FOR YOUR CHILD

My child is happiest when _____

My child responds well to _____

When my child is upset, he/she likes _____

Please explain to us what is most important to you pertaining to the care and education of your child while in our care. _____

Please include any other information about your child that would be helpful.

Behavior Guidance Policy

St. Paul Lutheran Preschool uses positive guidance principles in managing behavior. Positive reinforcement and role modeling are the first and foremost techniques in fostering good behavior. Should positive reinforcement become ineffective, logical consequence explanation, prevention and intervention and/or redirection techniques will be used in order to alter inappropriate behavior. Discipline will not be associated with food, rest, or toileting and your child will not be denied outdoor/active play as a result of misbehavior. Whenever possible, the child will be encouraged to contribute toward resolving the conflict in which he or she is involved.

Under no circumstances will **St. Paul Lutheran** use physical or verbal abuse for discipline. Should the above methods not alleviate inappropriate behavior, we will request your help.

Parent/Legal Guardian Signature _____

Date _____

St. Paul Christian School

Parental Media Release

In all formats, I (we) authorize the St. Paul Christian School to use and publish recognizable images of my child, excluding their name, in any medium deemed appropriate by St. Paul Christian School, including, but not limited to:

- Web Pages
- Newspapers
- TV (Broadcasts to homes)
- Multimedia presentations
- Pictures for professional journals

I (we) release and discharge St. Paul Christian School, and all persons acting with its permission and authority, from any liability by virtue of use of photographs so long as same are used for an educational purpose by St. Paul Christian School. I (we) warrant that we are the guardian and/or parents of _____ and have full rights to sign on behalf of said child.

Student name _____

Parent signature _____ Date _____

Parent Notification

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child/children **UNLESS** a parent has a court order that indicates which parent has custody of the child/children.

The school **must have a copy of the court order on file**; otherwise, either parent may check the child out of school with proper identification.

I have read the above statement of the law.

Parent signature

Date

Child's Name _____