

**Springwood Presbyterian Church Playschool
Fall 2021-Spring 2022 Enrollment Information**

Thank you for enrolling your child in Springwood Playschool! Our mission is to provide children with a learning environment that is safe, fun-filled, and loving, in which each child can develop a sense of his/her own uniqueness and belovedness, while also learning to function well in a group. Our goal is that children develop a life-long love for God and others, as well as a life-long love of learning. We look forward to serving your family in the next school year.

We are inclusive and respectful, and we welcome diversity in culture, religion, race, gender, and ability.

Please note the following enrollment information:

1. Payment & Fees: cash or check made payable to *Springwood Presbyterian Church*.
2. Explanation of Fees:
 - Non-refundable Enrollment Fee: \$60 for first child in family, \$50 for each additional child, due with submission of Enrollment Form.
 - There is a one-time Snack and Supply Fee due no later than opening day.
3 year old class-\$90 4 year old class-\$120

Tuition Fees are due monthly on the first of each month. September's payment is due August 1 in order to confirm placement of your child in Playschool. The first month of tuition (for September) is due by August 1, 2021 in order to hold your child's space for September. If not received by August 1, child's enrollment may be considered null and void, and registration fee will be forfeited. The next monthly tuition payment will be due on October 1, and subsequently due on the first of every month. (Tuition not received on time will incur a \$10 late fee.)

- 3-Year-Old Class: 9am-noon, 3 days/week (Tues/Wed/Thurs) \$160 per month
- 4-Year-Old Class, 9am-noon, 4 days/wk (Tues/Wed/Thurs/Fri) \$205 per month

3. An Immunization Record/Medical Form and Emergency Medical Information Form for your child must be on file in the Playschool Office before your child begins school in September. (Springwood Playschool does not accept medical or religious exemptions for immunizations.)

If you have questions, please call the Playschool Office at (336) 449-6998 or email Playschool@springwoodchurch.org If there is no answer, leave a message and your call will be returned.

We are very excited about our Playschool at Springwood! If you know of family or friends who are looking for a quality Early Childhood program, we would appreciate your referral. We will be happy to give a tour of the facility if they would call the Playschool Office and schedule an appointment. Thank you for your interest and support of Springwood Playschool!

Enrollment Forms and Medical Consent Forms are below:

**Springwood Presbyterian Church Playschool
2021-2022 Enrollment Form**

Child's Name: _____
Last First Middle (Name Called)

Birth Date (MM/DD/YY) _____ **Gender** _____

Please indicate the class for which you would like to enroll. (Your child must be the age of the class by August 31st of the year entering school.)

- _____ 3-Year-Old Class: 3 days/week (Tues/Wed/Thurs) \$160 per month (plus \$90 per year snack & supply fee)
- _____ 4-Year-Old Class, 4 days/wk (Tues/Wed/Thurs/Fri) \$205 per month (plus \$120 per year snack & supply fee)

Parent/Guardian 1: Full Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Street Address & Apt. Number _____

City, State, Zip Code _____

Email Address _____

Employer _____

Parent/Guardian 2: Full Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Street Address & Apt. Number _____

City, State, Zip Code _____

Email Address _____

Employer _____

Other children in the family:

Name	Birthdate(MM/DD/YY)	Name	Birthdate(MM/DD/YY)
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#1 _____	#3 _____
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#2 _____	#4 _____
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Are you a member of Springwood Presbyterian Church? Yes _____ No _____

Has your child had any previous preschool experiences? If so, where and when?

Please tell us about your child's:

Interests, likes, or dislikes: _____

Fears: _____

Eating habits: _____

Special needs or concerns: _____

Any known allergies? Yes _____ No _____ If yes, please describe allergy, symptoms, and treatment:

If yes, EpiPen? Yes _____ Expiration Date _____ No _____

Is your child toilet trained? Yes _____ No _____ Is there anything you want us to know about this?

Does Springwood Presbyterian Church Playschool have your permission to post pictures of your child on our website or social media, with no name attached? Yes _____ No _____

Does a sibling currently attend Springwood Playschool? Yes _____ No _____

Persons Authorized to Pick Up Child:

I authorize Springwood Presbyterian Playschool to release my child to the following person/people in the event I am unable to pick up my child.

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

I certify that all the information above is true and correct to the best of my knowledge. I have read the school policies and signed the medical consent form, and I wish to enroll my child. I am submitting a \$60 non-refundable Enrollment Fee made payable to *Springwood Presbyterian Church* (\$60 for first child, \$50 for each additional child). I understand that September tuition is due on August 1 in order to guarantee my child's enrollment, and if not received by August 1, my registration may be considered null & void and Enrollment Fee forfeited.

Signed _____ Date _____

Print Name _____ Relationship to Child _____

Office Use Only:

Registration Fee Received: Check # _____ Date _____ Amount \$ _____ Staff Init. _____

Snack & Supply Fee Rec'd: Check # _____ Date _____ Amount \$ _____ Staff Init. _____

September Tuition Received: Check # _____ Date _____ Amount \$ _____ Staff Init. _____

Springwood Presbyterian Church Playschool
Emergency Medical Information, Health History, and Parental Consent Form

Child's Full Name: _____ **Date of Birth (MM/DD/YY)** _____

Home Address: _____

Emergency Phone Numbers:

Parent/Guardian #1: Cell: _____ Home: _____ Work: _____

Parent/Guardian #2: Cell: _____ Home: _____ Work: _____

Physician's Name: _____ Office Phone: _____

Dentist's Name: _____ Office Phone: _____

If parents/guardians cannot be reached in the event of illness or accident, please call:

(Emergency Contacts should be local and available to pick up your child if needed. Their name in this section gives permission for your child to be released into their care if you are unavailable.)

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

MEDICAL PROCEDURE:

- **In the event that a child becomes ill**, the school will attempt to contact parents immediately. If the parents cannot be reached, the school will call the other contacts listed above. If none of these are available, the teachers will make the child as comfortable as possible and continue efforts in locating parents and other listed contacts.
- **In the event of an injury**, the same procedure as above will be followed. If the injury is severe, the above will be implemented after a call to the child's physician or a call to the 911 emergency number.
- **In the event that CPR is needed**, one of the trained teachers will administer CPR while another teacher calls 911 and the parents.
- **In the event that emergency services personnel deem it necessary for the child to be seen by a physician** and the parents are unavailable, a teacher will accompany the child in emergency transport (if allowed), or will meet the child at the hospital. Efforts to reach parents will be continued.

Medical Insurance Carrier: _____ **Policy number:** _____

Medical Emergency Authorization

I grant permission to the Springwood Presbyterian Church Playschool authorities present during any emergency or accident involving my child, _____, to obtain the services of a physician and/or to transport my child to a hospital. I also grant permission to the physician to treat my child unless I am present and request otherwise.

Parent's/Guardian's Printed Full Name: _____

Parent's/Guardian's Signature _____ **Date** _____

*****Please turn over and complete the Health History.**

Health History for Playschool and Medical Personnel

Is the child allergic to anything or any medications? Yes _____ No _____ If yes, please describe allergy, symptoms, treatment: _____

Date of child's last physical exam: _____ Same physician as listed above? Yes ___ No ___

If no, then name of last exam Physician: _____ Phone: _____

Is the child currently under a doctor's care? Yes _____ No _____ If yes, for what reason?

Is the child on any continuous medication? Yes ___ No ___ If yes, what? _____

Any previous operations or hospitalizations? If yes, when and for what?

Any history of previous significant disease or recurrent illness? Yes _____ No _____ If yes, what and when?

Any history of seizures? Yes ___ No ___ Any history of heart problems? Yes ___ No ___ Last episode _____

Does the child have any known physical disabilities? Yes _____ No _____ If yes, please describe:

Does the child have any known developmental disabilities? Yes _____ No _____ If yes, please describe:

Does the child have any known speech or language delays? Yes _____ No _____ If yes, please describe:

Has your child received treatment for any of the above? Yes _____ No _____ If yes, please describe:

I certify that the above information is true and correct to the best of my knowledge. I understand that Springwood Playschool will hold all health information regarding my child confidential.

Parent Signature _____ Date _____

Office Use Only:

Immunization Record Received: Staff Signature: _____ Date _____