

# Enrollment Form

Mars Hill Church Preschool  
3385 Mars Hill Road, Acworth, GA 30101  
770-974-8481

Today's Date\_\_\_\_\_

I am enrolling my child in (please check one):

2's    3 day 3's    4 day 3's    PreK

Child's Name\_\_\_\_\_ Birth Date\_\_\_\_\_ Gender\_\_\_\_\_

Prefers to be called\_\_\_\_\_ Age on September 1, 2020\_\_\_\_\_

### Marital status of parents

Married    Divorced    Separated    Other\_\_\_\_\_

### Child lives with

Mother and Father    Mother    Father    Other\_\_\_\_\_

\_\_\_\_\_  
**Mother's Name**\_\_\_\_\_

Home Address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_ E-mail\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell\_\_\_\_\_ Work\_\_\_\_\_

Occupation\_\_\_\_\_ Employer\_\_\_\_\_

\_\_\_\_\_  
**Father's Name**\_\_\_\_\_

Home Address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_ E-mail\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell\_\_\_\_\_ Work\_\_\_\_\_

Occupation\_\_\_\_\_ Employer\_\_\_\_\_

\_\_\_\_\_

Family religious denomination \_\_\_\_\_

Home church \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

**Child's Name** \_\_\_\_\_

List two people who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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### Release of Child

I authorize that my child, \_\_\_\_\_, be released by Mars Hill Church Preschool to the following persons, in addition to those already listed on this form.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Is there anyone who should **not** pick up your child from school? \_\_\_\_\_

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Are there any other children in the family?

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

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# Child's Health Record

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**In order to be admitted into Mars Hill Church Preschool and stay enrolled, you must have a current Form 3231 (Certificate of Immunization) on file.**

Known Allergies (including foods) and how it/they affect your child:

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List any medications and drugs taken regularly by the child and the condition that requires it/them. (You do not need to list vitamins)

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Will your child need to carry medicine prescribed by a physician while at school? \_\_\_\_\_

If so, list please: (you will need to complete a medication form and provide a copy of the original prescription)

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Other special physical conditions:

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Special concerns:

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Mars Hill Church Preschool staff to take my child to an Emergency Room or to the following physician or his/her associates, for medical care.

Child's Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**I give consent for any and all treatment deemed necessary by the attending physician.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(date)

## Medical Insurance

Name of Insurance Company \_\_\_\_\_

Primary Insurance Holder \_\_\_\_\_

Policy /Member ID \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_

## Health Agreements

1. When my child is ill, I understand that my child may not be accepted for care.
2. If my child becomes ill at school, I agree to have someone available to pick-up my child early from school.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# PERMISSION

## Permission for Class List

I give permission for my family's name, address, phone number and email to be printed and distributed to parents of my child's age group classes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**OR**

I only give permission for the following information to be shared: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Permission for Photographs

I give permission for my child to be included in individual and group photographs taken by the preschool staff or photographers of their choice (photographers for school pictures). I give permission for these pictures to be used in slide/video productions used at Mars Hill Church and/or Preschool, on bulletin boards, in class projects, on the Mars Hill Church Preschool Facebook page and on the Mars Hill Church Preschool web site without children's names.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**OR**

I do not give permission for my child to be photographed by the preschool staff or photographers of their choice. (Photographers only for school pictures)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**OR**

I give permission for my child to be photographed *only* for the following: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## AGREEMENTS

### Parent Handbook Agreement

**You will need a copy of the current handbook to sign this, you can stop into the preschool office or download online.**

I acknowledge that I received and have read the Mars Hill Church Preschool Parent Handbook. I agree to abide by all rules and procedures listed in the Parent Handbook.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **License Exemption**

I understand that Mars Hill Church Preschool is not license and is not required to be licensed by the state of Georgia, and that the official letter to prove that status is posted in the preschool lobby.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Withdrawal from Program Agreement**

1. When withdrawing from enrollment, I understand that a 30-day notice, in writing, must be given to the director, and that I am responsible for the payment of one month's tuition if a 30-day notice is not given.
2. When withdrawing from enrollment, I understand that the registration fee is not refundable.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_