

Enrollment Form

Mars Hill Church Preschool
3385 Mars Hill Road, Acworth, GA 30101
404-435-7959

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, 2023_____

Marital status of parents

Married Divorced Separated Other_____

If divorced or separated, please describe custody and/or visitation agreement concerning your child as it may pertain to the preschool:

Child lives with (Please check all that apply)

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 _____

Primary language spoken at home? _____

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 _____

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? _____

Are there any other children in the family?

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

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:

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

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)

Other special physical conditions:

Special concerns:

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** _____

AGREEMENTS AND PERMISSION

Parent Handbook Agreement

I acknowledge that I have reviewed the MHCP hand book at the following link <https://www.mhchurch.com/preschool/> 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 licensed 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

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.

Signature of Parent/Guardian _____ Date _____

Financial Commitment

I understand that my financial commitment to Mars Hill Church Preschool includes a registration fee as well as tuition. I also understand that the registration fee is nonrefundable.

I understand that my child is enrolling for the entire school year and that tuition is based on an annual fee, paid in ten installments, and is not a fee per day or a fee per month. Refunds will not be given for sick days, inclement weather, holidays, or circumstances beyond our control.

I understand that the tuition payment will be due on the 1st of each month. Payments received after the 7th of the month are considered late and a \$20 late fee will be added/charged.

Signature of Parent/Guardian _____ Date _____

Assumption of Risk

Mars Hill Church Preschool has put in place preventative measures to reduce the spread of COVID-19; however, the Preschool cannot guarantee that you or your child(ren) will not become infected with COVID-19. By your signature below, you voluntarily agree to and acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that your child(ren) may be exposed to or infected by COVID-19 by attending the Mars Hill Church Preschool. You acknowledge that you must comply with all set procedures to reduce the spread while your child(ren) attends Mars Hill Church Preschool.

Signature of Parent/Guardian _____ Date _____

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 class upon request.

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 ClassDojo site.

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 _____