

# 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 (Monday & Wednesday)    2's (Tuesday & Thursday)    3 day 3's    4 day 3's    PreK

**Child's Name**\_\_\_\_\_ **Birth date**\_\_\_\_\_ **Gender**\_\_\_\_\_

**Prefers to be called**\_\_\_\_\_ **Age on September 1, 2024**\_\_\_\_\_

**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\_\_\_\_\_

\_\_\_\_\_

**Parent's Name**\_\_\_\_\_

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

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

**Phone: Cell**\_\_\_\_\_ **Work**\_\_\_\_\_

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

\_\_\_\_\_

**Parent's Name**\_\_\_\_\_

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

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

**Phone: Cell**\_\_\_\_\_ **Work**\_\_\_\_\_

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

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

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

Primary language spoken at home? \_\_\_\_\_

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

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 \_\_\_\_\_

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

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

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

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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 \_\_\_\_\_

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

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Any other special conditions or 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)

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## Medical Insurance

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

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

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

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

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## 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 1<sup>st</sup> 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 with the class:

\_\_\_\_\_

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 \_\_\_\_\_