

GOD'S LITTLE CHILDREN
PRESCHOOL & MOTHER'S MORNING OUT
6530 Frederica Road, St Simons Island, GA 31522
Phone: 912.638.4918 • Fax: 912.638.4550
A Ministry of Christian Renewal Church of St. Simons

FOR OFFICE USE ONLY
Registration Fee: _____
Monthly Rate: _____
Check # _____
Amount: _____
Date Received: _____
Received By: _____
<input type="checkbox"/> Enrollment Form
<input type="checkbox"/> Current Immunization Form

Today's Date: _____

CHILD'S INFORMATION

CHILD'S NAME: _____ DATE OF BIRTH: _____

PREFERRED NAME: _____ GENDER: MALE FEMALE

AGE ON SEPTEMBER 1, 2015: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

My child will be attending MOTHER'S MORNING OUT Tue, Thurs

My child will be attending PRESCHOOL on the following days:

Mon, Wed, Fri Tue, Thurs Mon-Fri

Does your child require any special medical attention (ex: asthma, severe allergies, EPI-PEN)? YES NO

If yes, please explain: _____

FAMILY INFORMATION

FATHER'S NAME: _____

ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FATHER'S CELLPHONE: _____ EMAIL: _____

EMPLOYER: _____ WORK NO.: _____

MOTHER'S NAME: _____

ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S CELLPHONE: _____ EMAIL: _____

EMPLOYER: _____ WORK NO.: _____

Please check one: Child lives with both parents mother father guardian

Indicate custody arrangements, if applicable: _____

SIBLINGS

NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

PARENT COMMENTS (Please use the back of the form if enough space is not provided.)

Please comment on your child's strengths and weaknesses.

Please describe any circumstances which have affected or may affect your child's participation God's Little Children Preschool & MMO. (Ex: frequent moves/changes in school/separation of a significant person in the family, disciplinary actions, serious illness, and learning disability.)

Has your child had any history of a physical or emotional condition which has required professional attention or which might require special attention? Yes No If yes, please explain.

What more would you like us to know about your child?

AUTHORIZATIONS

My child, _____, may be released only to the parents (previously listed) or to the individuals listed below. A written note from the parent/guardian must be turned in to the office for your child to be released to the persons listed below. Please note these people will be required to show a photo identification card before the child will be released.

Please use complete address and phone numbers, for both in- and out-of-state contacts.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP TO CHILD: _____

CHECK HERE IF THIS CONTACT IS ALSO AN EMERGENCY CONTACT (IN CASE PARENTS CANNOT BE REACHED)

AUTHORIZATIONS CONTINUED

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP TO CHILD: _____

CHECK HERE IF THIS CONTACT IS ALSO AN EMERGENCY CONTACT (IN CASE PARENTS CANNOT BE REACHED)

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP TO CHILD: _____

CHECK HERE IF THIS CONTACT IS ALSO AN EMERGENCY CONTACT (IN CASE PARENTS CANNOT BE REACHED)

THE FOLLOWING INDIVIDUALS MAY NOT PICK UP MY CHILD

NAME: _____

RELATIONSHIP TO CHILD: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

EMERGENCY WAIVER

In the event of an emergency involving my child, and if God's Little Children Preschool & MMO is unable to contact me immediately, I hereby authorize any medical attention and/or emergency medical care as may be necessary to care for my child. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child. I agree to keep in God's Little Children Preschool & MMO informed of changes in telephone numbers, etc., where I can be reached. I agree to allow my child _____ to be transported by private vehicle in case of an emergency. We will use St. Simons Immediate Care Center located at 5000 Wellness Way (Phone number: 912.466.5900) in the event that anyone should need immediate medical attention beyond what God's Little Children Preschool & MMO can provide. I release God's Little Children Preschool & MMO and its staff from all responsibility in cases of accidents which result in bodily harm. I understand that transportation is not a part of regular services offered by God's Little Children Preschool & MMO and such transportation will be provided only in an emergency situation. My child's primary source of health care/physician is Dr. _____ located at _____ phone number _____

Parent/Guardian Signature: _____ Date: _____

RELEASE & HOLD HARMLESS AGREEMENT

I understand that as part of the God's Little Children Preschool & MMO experience that my child will participate in a variety of activities. As a parent/guardian of _____, I do hereby release, waive, discharge and agree to hold harmless a God's Little Children Preschool & MMO and Christian Renewal Church of St. Simons, its staff, employees and agents for any and all injuries and damages arising from my child's participation in the activities planned and sponsored in conjunction with God's Little Children Preschool & MMO.

Parent/Guardian Signature: _____ **Date:** _____

AUTHORIZATION FOR MEDICAL DISPERSMENT

I understand that I must complete an Authorization to Dispense External Preparations Form before my child will be given any topical preparations while at God's Little Children Preschool & MMO. If there are any adverse reactions, I will be notified. I also understand that I may not send any medication to school with my child or in my child's backpack.

Parent/Guardian Signature: _____ **Date:** _____

SICK CHILD POLICIES

I agree to keep my child out of God's Little Children Preschool & MMO if he/she has a fever higher than 101 degrees, diarrhea, vomiting or rash. My child may return to a minimum of 24 hours without the symptom-reducing medicine after any of the following:

- The fever breaks
- The diarrhea clears
- Vomiting ceases
- Rash is no longer present

If my child becomes ill during the day with any of the above symptoms, I will be notified to pick up my child. ****Please see Parent Handbook regarding Communicable Diseases. A doctor's note will be required in the event your child contracts a communicable disease before he/she may return to the program.***

Parent/Guardian Signature: _____ **Date:** _____

ENROLLMENT AGREEMENT

The registration fee, supply fee, first month's fee, and a CURRENT Immunization Certification form (3231), must accompany this packet to secure my child's place in God's Little Children Preschool & MMO. I also understand that all monthly and registration fees paid are **NON-REFUNDABLE**. I agree to provide a written 30 day notice prior to my child's withdrawal.

Parent/Guardian Signature: _____ **Date:** _____

PHOTO RELEASE

I give permission for photos of my child to be used by God's Little Children Preschool & MMO in classrooms, hallways, crafts, on our website, Facebook page, and informational flyers and materials.

Parent/Guardian Signature: _____ **Date:** _____

POLICY AGREEMENT

I have received a copy of the Parent Handbook. I have read, understood, and agree to follow all policies and procedures defined in the Parent Handbook, God's Little Children Preschool & MMO, a ministry of St. Simons Christian Church.

Parent/Guardian Signature: _____ **Date:** _____