

Joyful Christian Preschool

PO Box 563, Cairo, NY 12413 • (518) 622-3286

Enrollment Application - 2004-2005 School Year

Tuition Rates: 3-year-olds / 2 days per week - \$68 per month
4-year-olds / 3 days per week - \$90 per month

Enrollment Fee: \$15 non-refundable (once per year).
(\$10 OFF for those enrolled on or before March 9 Open House)

To Enroll Please Submit:

Completed Enrollment Application
Copy of child's current Immunization Record *(not due until July if you register early)*
Tuition for June 2005 *(not due until July if you register early)*
Enrollment Fee (\$15)
Child Safety Form (pink)

Early enrollment is encouraged as classes fill up quickly!

Please indicate your enrollment preference (1 - first choice, 2 - second choice):

AM Classes: ____ Tuesday / Thursday mornings for 3-year-olds *(3 before 12/1/04)*
____ Monday / Wednesday / Friday mornings for 4-year-olds *(4 before 12/1/04)*

PM Classes: ____ Tuesday / Thursday afternoons for 3-year-olds *(3 before 12/1/04)*
____ Monday / Wednesday / Friday afternoons for 4-year-olds *(4 before 12/1/04)*

Child's Name _____ [] M [] F Birth Date _____

Full Address _____

Home Phone _____ Work Phone _____

Parents Names _____

Parents Occupations _____

Church Affiliation *(if applicable)* _____

Person / Phone # to call if parents unavailable:

1) _____ 2) _____

Child's Physician / Phone # _____

Please list brothers and sisters with their dates of birth:

List allergies or anything you feel the teacher should be aware of:

(continued on side 2)

Is the child currently on any medication: ☐ Yes ☐ No

Has your child been screened for lead? ☐ Yes ☐ No

Free screening is provided by Greene County Health Department
Lead Awareness information available through the Preschool upon request

How did you hear about Joyful Christian Preschool? ☐ Friend/Relative ☐ Poster

☐ Newspaper Ad ☐ Church sign ☐ Other_____

Parental Release For Emergency Medical Care

Please sign this general release allowing emergency medical treatment in the event the parents cannot be reached in an emergency:

I, _____(print your name), do allow the staff of Joyful Christian Preschool to obtain emergency medical treatment at the nearest hospital, as may be necessary for my child.

(Signed)_____

Date_____

Permission for Pictures

I, _____(your name) give permission for pictures to be taken throughout the school year for class and newspaper.

Please complete the attached Safety Form.

For the Safety Of Your Children

It is important for us to know who may and may not pick up your child from preschool. From this information, we will compile a specific list for the teachers to use as a reference.

1. Please list the names of people who may pick up your child (include people who you would permit to pick up your child, such as grandparents, baby-sitters or a friend).

2. Please list anyone you would never permit to pick up your child from preschool.

If at any time you desire your child released to someone who is not on this list, please send a note to that effect to preschool that morning. In case of a list-minute emergency, please call the preschool and ask to speak to the teacher directly, giving verbal permission to the teacher for someone else to pick up your child.

Please sign below and return to the teacher. Thank you for your assistance in this matter.

Parent's Name: _____ Date: _____

Signature: _____