



PRESCHOOL ENROLLMENT FORM CHECKLIST

Please take the time to complete each form. Below you will find a checklist of the forms that must be completed before your child is considered enrolled. If you are missing one of these forms you may pick up a duplicate at the office.

_____ **Identification and Emergency Information.** This form must include your work numbers and any person authorized to take your child from our facility. **YOUR CHILD WILL NOT BE RELEASED TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS LIST.**

_____ **Preadmission Health History.** List any past illness, allergies, and any information that may help us to better understand your child and his/her needs.

_____ **Student History Information**

_____ **Physician's Report.** This form must be taken to your child's physicians and a complete physical and all immunizations are to be recorded. This must be completed before your child enters our program.

_____ **Consent for Medical Treatment.** This is a release to provide medical care and attention to your child. This form also allows us the authority to give permission for any emergency treatment prescribed by a licensed physician or dentist in the absence of the parent.

_____ **Parents Rights.** A form that informs you of your rights regarding your child and our facility.

_____ **Personal Rights.** A form that lists the rights of your child to fair and equal treatment.

_____ **Parental Agreement Contract.** This form is signed and dated that you have read the OBCP Handbook and agree to follow the policies.

_____ **Financial Contract.** This form is signed and dated that you are aware of any and all fees and charges.

Parental Agreement (Sign and return this list and all other forms)

I _____, parent of _____ have read the

OBCP Handbook and agree to follow the policies outlined therein.

Signed by: _____ Date: _____

Student History

1. Has your child attended a preschool? Yes No. Preschool Phone: _____

How Long: ____ Yrs. ____ Mon.

Was it a positive or negative experience? Circle one Positive Negative

Reason for leaving: _____

2. Are there any unusual factors in the child's life (i.e. absence of a parent, in-laws or grandparents in the home, accidents/serious illness. _____

3. Does your child make friends easily? Yes No.

4. What are your child's strengths? _____

5. List any special interests or activities: _____

6. How do you perceive your child as a student? _____

7. What areas of education do you desire for your child? _____

8. What motivates your child to learning and action? _____

9. What do you value as the greatest character trait your child demonstrates? _____

10. What contribution does your child make to your family? (Chores, conversation, etc. _____

11. What forms of discipline have you found effective with your child? _____

12. Indicate any mental, emotional, physical or learning disabilities which may affect your child's activities or progress.

Field Trip Permission Slip

I give my permission for _____ to participate in walking field trips limited to the church property at Olive Branch Community Church.

Parent or Guardian Signature: _____ Date: _____

Permission Slip

We have no objection to our child being included in any picture taken at Olive Branch Christian Preschool, which may be used for purposes such as OBCS Website, slide show presentation and the year book.

It is understood that any such photos will only be done by the permission of the Preschool Director.

_____ I have no objections to my child's picture being used.

_____ I do not wish my child's pictures to be used.

Childs Name: _____

Parent or Guardian Signature: _____ Date: _____



Preschool Financial Contract

Tuition, Withdrawals and other Fees

Tuition is due on the first day of each month. All checks should be made payable to OBCS. Payments should be brought into the school office or mailed to the above address. Your canceled check is your receipt.

Payments received after the 5th of the month are considered late. You will be charged a late fee of \$25.00 if the payment is received after the 5th of the month and your child will not be allowed to attend school until payment is made in full. The position your child holds will be open to those on the waiting list and open enrollment. The parent or guardian is responsible for reporting and problems that may exist with tuition payments. A bank charge of \$25 will be imposed on all returned checks.

On the basis of Enrollment and Tuition Contracts, we do not refund any registration or tuition payments. The School incurs financial obligations for staff, facilities and supplies; therefore the contract is binding.

You do agree to give the administrator a minimum of two weeks' notice if you decide to withdraw your child from Olive Branch Christian Preschool.

A late fee of \$5 will be charged for every 10 minutes or portion thereof when your child is picked up by the completion of the program in when the student is enrolled. Emergency situations will be taken into consideration as it relates to late fees.

Monthly tuitions rates can be found on the school website and are subject to change at the discretion of the school:
<http://www.obcschool.org>

Your monthly tuition: _____

Father/Guardian Signature: _____ Date: _____

Employer: _____ Work Phone: _____

Mother/Guardian Signature: _____ Date: _____

Employer: _____ Work Phone: _____



Preschool Emergency Card for School Year: 20__ to 20__

Child's Name: _____ (Last First Middle)

Home Address: _____ (Street City Zip)

Child's Birthday: _____ (mm/dd/yyyy)

Mother-Guardian Name: _____

Work #: _____ Home #: _____

Father-Guardian Name: _____

Work #: _____ Home #: _____

Emergency Contacts (at least two other than parents)

1. _____

Name Address Phone #

2. _____

Name Address Phone #

Emergency Personnel:

Doctor: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Allergies: _____

Persons Authorized to take child from the facility (Include parents name)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____