

REGISTRATION/SUPPLY FEE MUST ACCOMPANY APPLICATION FOR CHILD TO BE ENROLLED. THIS FEE IS NON-REFUNDABLE.



Date Registered: _____
 Registration Amount: _____
 Check # _____ MO _____
 Room # _____

- | | |
|---|---|
| <input type="checkbox"/> 18-24 month, 3 days/wk | <input type="checkbox"/> 18-24 month, 5 days/wk |
| <input type="checkbox"/> 2yr old, 3 days/wk | <input type="checkbox"/> 2yr old, 5 days/wk |
| <input type="checkbox"/> 3yr old, 3 days/wk | <input type="checkbox"/> 3yr old, 5 days/wk |
| <input type="checkbox"/> 4yr old, 3 days/wk | <input type="checkbox"/> 4yr old, 5 days/wk |

Child's Name _____
 _____ First _____ Middle _____ Last

Address _____ City/ST _____

Zip Code _____ Home Phone () _____

Date of Birth ____/____/____ Male Female

Age on Sept. 30th _____ (3 & 4 year olds must be potty trained)

Signature of person completing application: _____

*By signing you agree that you are the person responsible for all fees incurred this school year.

Father's Name _____

Occupation _____

Employer _____

Work Phone _____

Cell Phone _____

Email _____

Are you a member of a local church? Y / N

If yes, which church _____

Best method of contacting parent _____

Does child live with this parent? Yes No

If no, is this parent allowed to pick up child from school? Yes No

Mother's Name _____

Occupation _____

Employer _____

Work Phone _____

Cell Phone _____

Email _____

Are you a member of a local church? Y / N

If yes, which church _____

Best method of contacting parent _____

Does child live with this parent? Yes No

If no, is this parent allowed to pick up child from school? Yes No

Is there a court ordered custody agreement? Yes ❁ No ❁

If yes, please attach copy of agreement for our files.

Emergency Contact if parents cannot be reached:

_____	_____	_____
Name	Phone	Relationship to child
_____	_____	_____
Name	Phone	Relationship to child

Medical Information

****You must submit a copy of up to date immunization records before your child can attend pre-school.****

Physician's Name _____ Phone # _____

Food Allergies: _____

Seasonal Allergies : _____

Physical Limitations: _____

Hearing/Vision/Speech Difficulties: _____

Any other special need/condition we should be aware of: _____

Consent for Medical Care

I understand the staff at Summer Grove Preschool will exercise all reasonable care in supervising my child. However, the staff and Summer Grove Baptist Church cannot be held responsible for accidents which may occur. In the event that my child should need emergency medical care/treatment, and I nor my emergency contacts can be reached, I hereby give permission that 911 may be called and medical services rendered. I understand that I will be financially responsible for any medical care given. I also authorize my child to be transported by car or emergency vehicle if need be.

Please list people (other than parent) who have permission to pick your child up from school:

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

*Please make these persons aware that they must show an ID before child may leave. We will keep a copy of ID on file after the first pick-up.



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Summer Grove Baptist Church Preschool Academy

3 Day Option Tues, Wed., Thurs

Registration \$160

Monthly Tuition \$135

(\$145 for 18-24 month and 2 year olds)

5 Day Option (2& 3 & 4 yr. olds) Mon – Fri

Registration \$160

Monthly Tuition \$200

(\$205 for 18-24 month and 2 year olds)

Lunch Bunch Extended Stay Program:

Children may stay until 2:00 pm up to three days per week for an additional fee.

Lunch Bunch Info: Tues, Wed, Thurs

Must be the SAME day/s each week

1 day/wk. = \$35 mo.

2 day /wk. = \$65 mo.

3 day/ wk. = \$95 mo.

Monthly sign-up and payment is due at the first of the month. Your spot will not be reserved until your payment has been received. Please make checks separate from tuition.

Lunch Bunch is our extended stay program, which allows children to stay later than regular preschool hours three days a week. The children bring their lunches and enjoy a time of free play in the classroom, on the playground, or in the gym.

Tuition: Tuition is due the first week of school. All other tuition payments are due on the **FIRST** day of the month. There will be no rate adjustments for absenteeism, holidays or bad weather days. Pricing is subject to change.

Drop in Rate..... \$10.00/day

Arrangements must be made at least one day in advance and payment must be made at time of reservation. Drop-ins are only taken if space allows.

ALL FEES ARE SUBJECT TO CHANGE WITH A TWO WEEK NOTICE.