



## LITTLE PROMISES PRESCHOOL MINISTRIES

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

### Student Information

Registration Date: \_\_\_\_\_

**Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

### Parent/Guardian Information

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

### Enrollment Information (check the correct box)

Four Year Old Class

Mom's Morning Out (4 days)

Three Year Old Class

Mom's Morning Out (Mon/Wed)

Mom's Morning Out (Tues/Thurs)

\*\* Students enrolling in our three and four year old classes must be the given age by Aug. 31<sup>st</sup> in order to register. Students enrolling in our Mom's Morning out program must be 2 years of age upon enrollment, at any point in the year.

LITTLE PROMISES PRESCHOOL MINISTRIES

Child Name

Alternative Emergency Contacts other than Parents

Primary Emergency Contact

Secondary Emergency Contact

( )

( )

( )

( )

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to ride the New Covenant Fellowship (NCF) Bus or Van. I release NCF and individuals from liability in case of accident as long as normal safety procedures have been taken. I will be notified prior to my child riding in the bus or van.

Parent's/Guardian's Signature

Date

I give permission for my child to be photographed. The photographs may be used for security, classroom and advertisement purposes.

Parent's/Guardian's Signature

Date

**Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**Tuition Rates for the 2017- 2018 School Year**

\$85 Registration Fee

Four Year Old Classroom (Mon-Thurs) \$195 per month

Three Year Old Classroom (Mon-Thurs) \$195 per month

Mom's Morning Out (Mon/Wed or Tues/Thurs) \$135 per month

Mom's Morning Out (Mon - Thurs) \$195 per month

10% discount on the lesser tuition for siblings

Mom's Morning Out will be our program for our youngest kids. Students must be 2 years of age upon enrolling for the program (at any point in the year). The Mom's Morning Out will still utilize a preschool curriculum and be a vital part of our preschool, but we want it to reflect the needs of our families.

**Miscellaneous**

- Space is limited and will be filled on first come first serve basis. When classes are full the child will be placed on a waiting list and you will be contacted if space becomes available.
- The \$85.00 registration fee payment must be made with the registration form to reserve your child's spot in the class. Payments for each additional month should be made by the first of the month. A \$ 10.00 late fee will be assessed after the 5 day grace period.
- Preschool hours are from 9:00 – 12:00
- Registration forms can be mailed or dropped to the church office.

New Covenant Fellowship  
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