



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. 31st 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.

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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

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Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Tuition Rates for the 2018 - 2019 School Year

\$85 Registration Fee

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

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

Two Year Old Classroom (Mon/Wed or Tues/Thurs) \$135 per month

Two Year Old Classrom (Mon - Thurs) \$195 per month

10% discount on the lesser tuition for siblings

The Two Year Old Classroom is our program for our youngest kids. Students must be 2 years of age upon enrolling for the program (by December 31st). In order to enter the three and four year old classes, the child must be the given age by August 31st. This means that some of our two year old friends who enroll later in the year repeat the twos classroom the following year.

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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