

If divorced, please describe custody and visitation agreement for your child: _____

Name and ages of any brothers or sisters: _____

Name of persons picking up your child from school excluding parents:

Name: _____ Contact #: _____
Relationship: _____

Name: _____ Contact #: _____
Relationship: _____

Name: _____ Contact #: _____
Relationship: _____

Child's Information

Please help us plan for your child's needs by taking the time to fill out the questions below.

Does your child have any physical handicaps, speech problems, developmental delays, or emotional problems? No / Yes

If yes, please explain: _____

Has your child ever received services for *(please circle all that apply)*

Speech Behavior disorder Learning disability Attention deficit disorder Hyperactivity
Developmental delays Sensory integration Other: _____

We strive to meet the needs of each individual child, but if we feel we are not qualified to handle your child's disability, we reserve the right to return your registration fee.

Is your child potty-trained: No / Yes *(If your child wears pull-ups we request velcro sides)*

Does your child have any special words they use for "going potty"? _____

What methods of discipline have you found most effective? _____

Does your child have any unusual fears? _____

Is English the primary language spoken in your home? ____ If no, please list: _____

Health Information

Does your child have any allergies? No / Yes If yes please describe: _____

Does your child take any medications regularly? No / Yes If yes, please list: _____

Emergency Treatment Information

Waiver of Liability

Should my child become ill or injured during the time he/she is in the care of Rock Springs United Methodist Church Preschool, I understand the school's policy will be as follows:

1. The school shall attempt to contact parents.
2. In the event the school is unable to contact parents, the school shall attempt to contact the following person listed below.
3. Should this fail the school shall be authorized to secure such medical attention and care for my child as deemed necessary.

Signed: _____ Date: _____

Name and phone numbers of persons to contact in care of emergency if parents cannot be reached.

Name: _____ Contact #: _____

Relationship: _____

Name: _____ Contact #: _____

Relationship: _____

**Rock Springs United Methodist Church Preschool
Enrollment Agreement**

1. **I understand that the absence of my child from school for a part or all of any months does not reduce the tuition, nor does it change the method of payment as outlined in handbook. Tuition is based on a yearly amount and cannot be reduced for partial payment for vacations or sickness. Staff is hired based on enrollment and will be paid if you are absent therefore payment is expected. Please initial: _____**
2. My tuition payment is due by the 10th of each month. I understand a \$10.00 late payment fee will be charged to my account if payment is not received on or before the 10th of each month. If payments are more than 60 days delinquent, your child may be suspended from program until payment is made.
3. I give permission for my child to be involved in the activities of the Rock Springs United Methodist Church Preschool. I understand that my signature grants permission to participate in the events of the program. I will be informed of any special events in advance.
4. I am aware that Rock Springs UMC Preschool closely follows the same schedule as the Gwinnett County Schools holidays. Snow days or any other circumstance beyond the control of RSUMC Preschool that may result in the school closings does not reduce the amount of tuition.
5. I am aware that returned checks will be subject to the fee imposed by our bank.
6. If for any reason I have to withdraw my child from the program, I understand a 30 day written notice is required. Failure to give a 30 day notice will result in being responsible for paying the next month's tuition.
7. I understand that every consideration is given to each child. I agree that Rock Springs UMC Preschool reserves the right to dismiss a child for reasons regarding behavior, emotional disturbances, and/or health should it become necessary. I am aware that dismissal would come only as a last resort.

Child's Name: _____

I HAVE READ AND UNDERSTAND THE ABOVE STATED POLICIES AND THE PARENT HANDBOOK, AND I AGREE TO ABIDE BY THEIR TERMS.

Parent Signature

Date