



ENROLLMENT APPLICATION

DATE: _____

START DATE: _____

CHILD'S NAME _____ D.O.B. ___/___/___

ADDRESS _____ AGE _____

MOTHER'S NAME _____ MOTHER'S WORK# _____

FATHER'S NAME _____ FATHER'S WORK# _____

HOME TEL _____ MOTHER CELL _____

FATHER CELL _____

MOTHER'S E-MAIL ADDRESS _____

FATHER'S E-MAILADDRESS _____

FULL DAY (9A.M.-4P.M.) _____

HALF DAY A.M. (9-12) _____

3 - FULL DAY _____

3 - HALF DAY A.M. _____

REGISTRATION _____

BREAKFAST ___ LUNCH ___ SNACK ___

TUITION _____

EARLY STAY _____

LATE STAY _____

TRAINING /ADJUSTMENT _____

MONTHLY PAYMENT: _____

ANNUAL FEES _____

TOTAL _____

DEPOSIT _____

BALANCE DUE: _____

- I agree to pay the monthly tuition by the 1st of the month. Payments received after the 3rd of the month will be subject to a late charge.

- No refunds of registration fee

- Tuition must be paid in full regardless of absence or school calendar closings.

- I grant permission to Forest Park School to take my child on fully supervised school outings, and to take photographs during school activities and parties.

x _____

Parent's Signature

Visit us at www.forestparkpreschool.com

follow us on @ forestparkpreschool



RELEASE AUTHORIZATION

CHILD'S NAME: _____

Date: _____

Dear Parents,

This letter is to inform you of our school's Release Policy. For your child's safety, Forest Park School will not release any child to the custody of anyone other than the child's parent, unless we receive written authorization to do so.

List below those individuals that you authorize to pick up your child and sign for authorization. Please include both parents on the list.

I give permission for my child to be picked up from school by:

<u>NAME OF PERSON</u>	<u>RELATIONSHIP TO CHILD</u>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Please call the school to notify us of pick-up change.

X _____
Parent Signature

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Permission for Walks and Photos

I grant permission to the Forest Park Preschool/Beth Jacob to take my child on fully supervised walks and for my child to be photographed during school activities. I understand that these photos may be posted on our School's social media and Facebook pages and website.


Child's Name _____

Parent's Name _____

Parent's Signature _____

Date: _____

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School Supplies List

- Backpack
- Change of Clothes
- Crib Sheet
- Small Blanket
- Only closed footwear

Please make sure that all belongings are clearly
labeled.

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