



2019-2020 Enrollment Packet

LAST NAME, FIRST NAME

2019 - 2020 SCHOOL YEAR

Child's Full Name _____

Child's Date of Birth _____

- 2-year-old class – Four days/week (Tuesday, Wednesday, Thursday, Friday) – 8:30am-12:00pm
Students must be 2 by Aug 31, 2018 & potty trained.
\$120 registration fee (annual non-refundable) & \$240.00 monthly
- 3-year-old class – Four days/week (Tuesday, Wednesday, Thursday, Friday) – 8:30am-12:00pm
Students must be 3 by Aug 31, 2018 & potty trained
\$120 registration fee (annual non-refundable) & \$240.00 monthly
- 4-year-old class – Four days/week (Tuesday, Wednesday, Thursday, Friday) – 8:30am-12:00pm
Students must be 4 by Aug 31, 2018 & potty trained
\$120 registration fee (annual non-refundable) & \$240.00 monthly

ENROLLMENT APPLICATION

(Please Submit A Separate Application For Each Child.)

Child's Name _____
First Name Middle Name Last Name Nickname

Which name should be used at school? _____

Date of Birth: ____/____/____; male female
mm dd yyyy

Father/Legal Guardian Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Legal Guardian Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Family Email Address: _____

Parents are: Married; Living Together; Separated; Divorced; Widowed; Single

If separated or divorced, do you have joint custody? Yes No

If No, name of parent with legal custody _____

CHAPEL BY THE SEA PRESCHOOL MUST HAVE COPIES OF ALL CUSTODY PAPERS ON FILE.

I have submitted all custody paperwork with this application. Yes No

Other Members of Household:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Elementary School District _____

Church Affiliation _____ Active Inactive None

What do you want your child taught about God? _____

What are your three most basic priorities regarding the total education of your child?

- 1. _____

- 2. _____

- 3. _____

Has your child been in a weekly preschool educational program or daycare program in the past? Yes No;

If yes, was this a positive or negative experience for your child? Positive Negative

Please explain _____

How did you hear about the Chapel By The Sea Preschool?

- Friend Family Radio Website Social Media Church Poster/Flyer Other

All the information provided in this application is accurate and complete to the best of my knowledge.

Printed Name _____

Signature _____

Date Signed _____

Attached is a check payable to *Chapel By The Sea* for the sum of ONE HUNDRED TWENTY DOLLARS (\$120.00) for the non-refundable preschool registration fee.

FOR CHAPEL BY THE SEA USE ONLY:

Application received on _____; Receipt issued on _____; Receipt No. _____
Application processed on _____ Parent contacted on _____

MEDICAL/SPECIAL NEEDS

ALLERGY: Please list below any allergies your child may have or specify "No Allergies" if this does not apply to your child.

Special Instructions:

MEDICAL CONDITION: Please list below any medical condition(s) your child may have or specify "No Medical Conditions" if this does not apply to your child.

Special Instructions:

Has your child been referred for testing or tests for any special needs including, but not limited to, emotional, behavioral, speech, or developmental delays?

Yes No

If YES, please give a brief explanation of the needs to be maintained by the school staff on a confidential basis.

For our files, please attach documentation of any specific treatments prescribed by medical professionals concerning the special health needs of your child. Thank you.

PARENTAL AUTHORIZATIONS

ACTIVITY AUTHORIZATION

If the preschool staff has planned activities outside the supervised fence play area:

- Yes, I will allow my child to play outside the fenced play area under teacher supervision.
- No, I will NOT allow my child to play outside the fenced play area.

Parent/Legal Guardian Signature

Date

AUDIO/VISUAL CONSENT

By signing below, I, _____, do hereby grant Emerald Isle Chapel By The Sea permission to use my child's voice, photo, or likeness for publication and/or marketing purposes as allowed by law. I understand that this may include website photos, news broadcasts, newspaper columns, and other promotional materials.

Parent/Legal Guardian Signature

Date

DIRECTORY INFORMATION

As a courtesy, the Chapel By The Sea Preschool provides a student directory to our preschool families. The information is only shared with other preschool families and includes the student name, parent names, address, phone number, and family email address.

- Yes, I authorize the above information to be published in the Chapel By The Sea Preschool Directory.

Parent/Legal Guardian Signature

Date

Please exclude the following information: _____

-
- No, I do NOT authorize the above information to be published in the Chapel By The Sea Preschool Directory.

Parent/Legal Guardian Signature

Date

COMPLIANCE WITH THE SEX OFFENDER POLICY

In an effort to provide the safest environment possible for the Chapel By The Sea Preschool children, all preschool families must notify the school of any immediate family members who are registered sex offenders and who may have cause to attend activities sponsored by the Preschool. Information on how to notify the school is available in the Chapel office.

Your signature below verifies your awareness that the school regularly checks the NC Sex Offenders Registry, and your commitment to adhere to the sex offender policy. This line must be signed in order for the application to be processed.

Parent/Legal Guardian Signature

Date

TUITION POLICY AGREEMENT

I (we) understand that tuition and other fees are necessary in order for Chapel By The Sea Preschool to successfully fulfill our mission to sustain a premier Christian Preschool Program. I (we) commit to promptly meet all financial obligations to the Chapel By The Sea Preschool in accordance with Biblical stewardship principles.

Therefore, I understand and agree to comply with the following tuition policies:

1. A \$120.00 non-refundable application deposit is required at the time of application. A deposit is not necessary if my child is placed on a waiting list.
2. Monthly tuition payments made by check or money order (no cash or credit/debit card payments) are payable to CHAPEL BY THE SEA (NOT PRESCHOOL) and are due on the 1st day of each month.
3. A 5-day grace period will follow the monthly due date for all tuition payments. A tuition payment will be on time if received by the end of class on the 6th day of the month. If the 6th of the month falls on a weekend or holiday, payment will be on time if received by the end of class on the next school day.
4. Any tuition payment received after the initial 5-day grace period must include a \$15 late fee (\$240 + \$15 = \$255/student). Additional \$15 late fees will accrue weekly.
5. Tuition payments that are one (1) month past due will require the parent to meet with the school administration. Payments that are two (2) months past due will subject the student to be withheld from attending school until tuition payments and late fees are made current.

FINANCIAL COMMITMENT

I (we) understand and agree to pay tuition and fees in a timely manner, according to the current schedule of tuition and fees.

Print Name

Signature

Print Name (if applicable)

Signature

Date Signed

PLEASE SELECT A PAYMENT OPTION BELOW:

- OPTION 1 – Single Payment** One payment made by check/money order to Chapel By The Sea due on or before September 1st of current school year.
- OPTION 2 – Monthly Payments** Nine (9) payments made by check/money order to Chapel By The Sea due on or by the 1st of each month beginning September 1st and ending May 1st of the current school year.
- OPTION 3 – Automatic Bank Payments** Nine (9) payments made automatically through your online banking service, payable to Chapel By The Sea by the 1st of each month of the current school year. You will make arrangements through your financial institution.
- OPTION 4 – Other** Meet with Preschool Director to arrange other payment options.