

CEDARS



PRESCHOOL

APPLICATION & CONTRACT

How did you hear about us?
(Circle all that apply)

Direct Mail

Yellow Pages

Drive By

Fliers

Billboard

Saw Our Buses

Referred by: _____

Internet Site: _____

Child's Name: _____ , _____
Last Name First Name

PARENT / GUARDIAN 1:

Account Name (Parent/Guardian 1): _____

DOB: _____

SSN (Parent/Guardian 1): _____ - _____ - _____

Email Address: _____

Relationship to Child: _____

Address: _____

Cell Number: _____ Home Number : _____

Employer: _____ Work Number: _____

Employer Address: _____

PARENT / GUARDIAN 2:

Account Name (Parent/Guardian2): _____

DOB: _____

SSN (Parent/Guardian 2): _____ - _____ - _____

Email Address: _____

Relationship to Child: _____

Address: _____

Cell Number: _____ Home Number : _____

Employer: _____ Work Number: _____

Employer Address: _____

CHILD INFORMATION

Child's Primary Residence: Both Mother / Father / Guardian

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? YES NO

(Cedars Preschool must be provided with court issued custody that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons to pick up the child at such times, unless court papers state otherwise.)

DOB: _____ Sex: _____

Child's SSN (not required): _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Please list all siblings and other people living in the home:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Please list any special family dates (birthdays, adoption dates, etc.):

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The child will be released only to the people on this application and the following persons:

PERSON 1

Name: _____
Address: _____
Phone Number: _____
Relationship to Parent: _____ Relationship to Child: _____

PERSON 2

Name: _____
Address: _____
Phone Number: _____
Relationship to Parent: _____ Relationship to Child: _____

PERSON 3

Name: _____
Address: _____
Phone Number: _____
Relationship to Parent: _____ Relationship to Child: _____

Enrolling Parent/Guardian Signature: _____
Please Print: _____ Date: _____

My child has permission to ride the Cedars Preschool Bus to and / or from (name of school): _____

Signature of Parent / Guardian: _____ Date: _____

Cedars Preschool will be open from ____ AM to ____ PM for children ages 6 weeks - 12 years old.

My child will attend the following days and times:

M T W Th F
from ____ AM / PM to ____ AM / PM

RELEASE AUTHORIZATION

AUTHORIZATION FOR TRANSPORTATION

PROGRAM ASSIGNMENT

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ENROLLMENT & FINANCIAL POLICIES

I agree to pay an annual registration fee at the time of enrollment and again annually. This enrollment fee is non-refundable.

I agree to pay the weekly tuition fee in advance, on or before close of business each Monday, without exception.

I understand if my school uses an automatic payment system, such as Tuition Express, participation is MANDATORY. I will be charged a handling fee if I choose not to participate.

I am aware that I will be charged a fee for late tuition.

I am aware that I will be charged a fee for late pick-ups.

I have received the Parent Handbook, containing additional policies and procedures.

The institution is an equal opportunity provider.

I understand that current rates are subject to change.

I am aware that a two week notice is required for withdrawals and failure to properly notify the center will result in being charged for the period of time that the notice wasn't given.

I am aware that the center is within its rights to collect any unpaid tuition, fees and collection or court costs associated with collection of these charges.

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____ Date: _____

I hereby authorize the staff and director representing the center to give consent for any and all necessary emergency medical and First Aid care to include transportation, if needed, for my child while he/she is in the center's custody.

Signature of Parent / Guardian: _____ Date: _____

Permission (is / is not) given for photography for publicity purposes to be used in print promotions, email, or use on the company's website including social media sites.

Signature of Parent / Guardian: _____ Date: _____

I agree to provide an up-to-date Immunization Record for my child within ten (10) days of enrollment in the pre-school program.

I agree to provide a completed Income Eligibility Statement (provided) at the time of enrollment.

Signature of Parent / Guardian: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

AUTHORIZATION FOR PHOTOGRAPHY

AGREEMENT TO PROVIDE ADDITIONAL FORMS

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PARENT AUTHORIZATION FORM

HEALTH AND MEDICAL INFORMATION

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

Except for first aid, personnel shall not dispense perscription or non-perscription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; perscription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give the center permission to apply one or more of the following topical ointments/preparations to my child in accordance with the direction on the label of the container.

- _____ Baby Wipes
_____ Band-aids
_____ Neosporin or similar ointment
_____ Bactine or similar first aid spray
_____ Sunscreen
_____ Insect Repellant
_____ Non-Prescription ointment (such as A & D, Destin, Vaseline)
Other (please specify): _____

Parent / Guardian Signature: _____ Date: _____

Child's Name: _____

Child's Physician / Group Name: _____

Physician's Phone #: _____

Physician's Address: _____

City _____ State: _____ Zip: _____

Hospital Preference & Address: _____

Emergency Contact (other than parents): _____

Address: _____ Phone: _____

Does your child have any allergies or special needs?

Is your child potty trained? YES NO

Insurance Provider: _____

Member Number: _____ Name of Policy Holder: _____

Description of Coverage: _____

I acknowledge that this center cannot be held liable in any way for accidents that occur on or off premises while my child is under the center's care.

Signature of Parent / Guardian: _____ Date: _____