

2010 – 2011 CHILDREN'S PLACE PRESCHOOL ENROLLMENT FORM

FAIRPOINT CAMPUS _____

EAST CAMPUS _____

STARTING DATE : Sept 7, 2010

PLEASE CIRCLE PREFERRED OPTION

REGULAR PROGRAM HOURS 9AM - 1PM

OPTION #1

Tuesday & Thursday

\$135 non-refundable Registration Fee
plus \$135 per month for 9 months
(Annual Tuition - \$1,215)

OPTION #2

Monday, Wednesday & Friday

\$175 non-refundable Registration Fee
plus \$175 per month for 9 months
(Annual Tuition - \$1,575)

OPTION #3

Monday thru Friday

\$275 non-refundable Registration Fee
plus \$275 per month for 9 months
(Annual Tuition - \$2,475)

Child's Last Name _____ First _____ Middle _____

Name Called By _____ Date of Birth _____ / _____ / _____ Sex _____

Mother's Name _____ E Mail Address: _____

Address: _____ Home # _____ Cell# _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work# _____

Father's Name _____ E Mail Address: _____

Address: _____ Home # _____ Cell# _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work # _____

Who is the legal guardian of the above child? _____ Lives with: _____

Child's Physician (required) _____ Physicians Phone # (required) _____

Physician's address (required) _____

Does your child have any allergies or other issues we need to know about? No _____ Yes _____ (Describe below, if yes)

If either parent cannot be reached, the following person(s) are authorized to be contacted in case of illness, accident or emergency and have permission to pickup this child from Children's Place, if necessary. Children & Family Services requires at least one contact.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone#</u>
_____	_____	_____	_____

(Use back for more names)

- Yes ___ No ___ May we include your family address and phone number on our class roster sent home for invitations, etc?
Yes ___ No ___ **If you are a returning family, is your address a change from last year?**
Yes ___ No ___ Do you currently attend church services at Gulf Breeze United Methodist Church ?
If yes, circle which campus you mainly attend: Fairpoint Campus Soundside Campus Which service (time)? _____
Yes ___ No ___ Can your child be included in a group picture on the school's Web Site?
Yes ___ No ___ Can your child be in a group photo taken by a member of the Media (Pensacola New Journal, Gulf Breeze News)?

I have received a copy of the brochure "Know Your Childcare Facility", Parent Handbook and the Children's Place disciplinary practices. (Will soon be on our website www.gbmc.org.) If **new to Children's Place**, I will provide a **Florida Well Child Physical Examination form and Florida Immunization Record of my child within 20 days** and keep these forms updated. **Returning students must keep these forms updated at all times.** (Forms available from local physicians or Health Department.) I understand that in case of emergency, my child will be transported/treated by EMS.

Parent Signature (Required)

Date