

+

St. Mary Preschool Program

(984) 500 - 5990

Registration Form

Desired Start Date (mm/dd/yyyy): _____

Child Information

Please attach immunization records for each child to this form.

Child			
Last Name	First Name	M.I.	Nickname
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Birth City/State	SSN (last 4 digits):

Existing medical conditions, medications, and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
---------------------	-------	---------

I have attached my child's immunization records. Yes

My child is toilet-trained. Yes No

Photos

May we take and maintain a photo of your child for security purposes? Yes No

May we take and share photos of your child for promotional purposes? Yes No

Additional Comments & Information: _____

If you are registering multiple children, please ask for additional copies of the first page.

+

St. Mary Preschool Program

(984) 500 - 5990

Primary Guardian Information

Names of person(s) with whom the child is living

1st Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
2nd Primary Guardian			
Last Name	First Name	M.I.	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
Which Guardian Should be Called First?			
Home Resident Street Address	Home Phone	Preferred language for written communication	
	Apt#	City	Zip Code
Mailing Address (if different than above)	Apt#	City	Zip Code

Additional Comments & Information: _____

+

St. Mary Preschool Program

(984) 500 - 5990

Emergency Contacts and Authorized Pickups

1 st Contact/Pickup		
Last Name	First Name	Relationship to Child
Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up: _____	
2 nd Contact/Pickup		
Last Name	First Name	Relationship to Child
Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up: _____	
3 rd Contact/Pickup		
Last Name	First Name	Relationship to Child
Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up: _____	

Additional Comments & Information

Is there any additional information that would be helpful to our management and teaching staff (i.e. any fears, anxieties or behavioral concerns)?

Signature

Parent/Guardian Signature

Date

+

St. Mary Preschool Program
(984) 500 - 5990

Program Contract

This contract is made between the Parent, _____, and the Provider, St. Mary Coptic Orthodox Church of Raleigh, for the care of the following child(ren):

CHILD #1

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH _____

CHILD #2

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH _____

CHILD #3

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH _____

CONTRACTED DAYS/TIMES

Care is contracted for Mondays through Fridays of each week, beginning **Monday, February 4:**

+ DROP-OFF TIME: 8:00 AM

+ PICK-UP TIME: 3:30 PM

Provider is not responsible for providing care or supervision for the child(ren) before the above Drop-Off time, nor after the above Pick-Up time. ***Parent must notify the Provider if Parent will be late for Pick-Up.***

FEES

Payment for care shall be made in two week increments. The first payment must be received by Provider together with this Contract and the accompanying Registration Form. Payment can be made by check, cash or money order. If a personal check is void or rejected by the Provider's financial institution, Parent will be required to pay by cash or money orders in future transactions.

Regular Payment is due to the Provider in advance of care either biweekly or monthly.

Provider may choose to refuse late payment and subsequent admission of the child for care. The Provider will have sole discretion to determine whether and when the child will be readmitted for care. If Parent will be late picking up the child(ren), every effort must be made to contact the Provider. If a child is picked up after 3:30pm, a Late Pick-Up fee of \$10 will be charged to the next cycle for each occurrence.

CLOSINGS

The provider will not be open for care on the following holidays in the 2020 calendar year:

January 7 (Nativity Feast) | April 13-April 20 (Holy Pascha Week) | July 12 (Apostle's Feast)

+

St. Mary Preschool Program

(984) 500 - 5990

TERMINATION PROCEDURES

This contract may be terminated at will by the Parent or the Provider. A one-week notice prior to the last date of care is required. ***Please note that Provider may immediately terminate this contract without any advance notice if payment is not received on time, or for unacceptable conduct by the child or Parent as outlined below.***

CONDUCT AND BEHAVIOR

The Provider and Program provides supervision, care, and education grounded in Christian values, beliefs and teachings. All staff, administrators, parents and admitted children are expected to adhere to fundamental Christian values in any and all interactions and behaviors associated with the Program as provided by the Provider. Provider at its discretion reserves the right to terminate all services, care and supervision with reasonable notice to Parent for unacceptable behavior or misconduct expressed by either the Parent or abovementioned child(ren).

OTHER

Provider may elect not to enforce any portion of this contract, without relinquishing the right to enforce the remainder of this contract.

SIGNATURES

The signatures below indicate full understanding and agreement with this contract and with the written policies of Provider (to be provided in a separate document). Provider reserves the right to modify any and all policies, with advance written notice to parents.

Parent's Name Parent's Signature Date

ST MARY PRESCHOOL _____
Provider's name Provider's signature Date

PROVIDER USE ONLY
DATE RECEIVED: (mm/dd/yyyy) _____
METHOD OF INITIAL PAYMENT: Cash/Check/Money Order
If by Check or Money Order:
Check #: _____
Money Order #: _____

+

St. Mary Preschool Program

(984) 500 - 5990

MEDICAL RELEASE FORM

CHILD #1

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH _____

CHILD #2

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH _____

CHILD #3

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH _____

In the event of a medical emergency, I hereby authorize the pediatrician selected by the Provider through its agents and directors to hospitalize and secure any necessary treatment for my abovenamed child(ren). I understand that Provider will contact me immediately should any professional medical attention be necessary.

I hereby release the directors and staff of the St. Mary's Coptic Orthodox Church and St. Mary's Childcare Program from all liability related to any sickness or ailment or injury incurred by my abovenamed child(ren) while attending Childcare program activities.

I hereby authorize the Provider to administer any necessary basic First-Aid treatment in the event of an emergency. I understand that Provider will notify me if any such treatment occurred.

Parent's Name Parent's Signature Date

WAIVER OF LIABILITY

By signing below, I understand and accept that St. Mary's Coptic Orthodox Church of Raleigh, NC, does not insure against accidents or injuries as a result of St. Mary's Childcare Program's activities. I also understand that while Program staff will exercise reasonable diligence to care for the safety and wellbeing of my child(ren) during Program activities, I alone am solely responsible for the health and care of my child(ren) in the event of an injury or accident during any Program activities.

By signing below, I agree to waive, discharge and covenant not to sue St. Mary's Coptic Orthodox Church of Raleigh, NC, its administrators, directors, employees, staff, agents, contractors, and all affiliated persons or entities, whether or not specifically named, whether jointly and/or severally, for and from any and every cause of action arising directly or indirectly from any injuries, damages, and/or losses incurred as a result of my child's participation and/or involvement in the activities of St. Mary's Childcare Program.

Parent's Name Parent's Signature Date