



PMO → PRE-K STUDENT REGISTRATION FORM 2020-21

Date: _____ Home phone: (_____) _____

Name of child: _____ / _____
(Last) (First) (Middle) (Name/nickname preferred)

Address: _____
(city) (zip)

Age _____ Sex _____ Date of birth _____ / Place of birth _____

Please check class and desired days:

- Parent's Morning Out (1 year by 9/1/20) (2 days) M/W or Tu/Th and/or (1 day) F
*Children may start as they turn one, but children who are not one by 9/1 will have to repeat the Lambs class the following year.
- 2-year olds (2 by 9/1/20) (2 days) Tu/Th or (3 days) M/W/F or (5 days) M-F
- 3-year olds (3 by 9/1/20) ***MUST BE POTTY TRAINED** (3 days) M/W/F or (5 days) M-F
- Pre-K (4 by 9/1/20) ***MUST BE POTTY TRAINED** (5 days) M-F

Please complete:

What other schools has this child attended? _____

Siblings & ages: _____

Child lives with: () Both parents () Mother () Father () Other

Child's legal guardian: () Both parents () Mother () Father () Other

*******ALLERGIES/DIETARY RESTRICTIONS*******

Emergency contact & release information:

Mother/Guardian: Name: _____ Employer: _____

Cell phone (_____) _____ Business phone (_____) _____

Email Address: _____

Father/Guardian: Name: _____ Employer: _____

Cell phone (_____) _____ Business phone (_____) _____

Email address: _____

Persons my child may be released to/contacted locally in case of emergency when parents cannot be reached:

Name/Relationship _____ Phone (_____) _____

Name/Relationship _____ Phone (_____) _____

My child may NOT be released to:

Name _____ Name _____

Parent Signature: _____ Date: _____



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Please read and sign the following agreements:

▶ **Enrollment Agreement**

I hereby enroll my child in Preschool at the Heights for the 2020-2021 schoolyear. I understand that my child is enrolled for the entire school year and that I am responsible for tuition payments from time of enrollment through May. If any reason I need to withdraw from the program, I understand that one (1) month's written notice is required. If notice is not given, I understand I am obligated to pay an additional month's tuition. If withdrawal occurs during the month of May, that month's tuition is due in full. I also understand that exceptions regarding tuition cannot be made for absences.

Signature

Date

▶ **Financial Agreement**

I understand that the registration payment is non-refundable. May 2021's tuition will be due on or before May 17, 2020 and is non-refundable after June 1, 2020. Monthly tuition is due the 1st class day of each month. A late fee will be charged on any payment made after the 10th day of the month. Late fee is \$25.00. I also understand that a fee will be charged for any returned checks. I also understand that exceptions regarding tuition cannot be made for absences. I agree to meet all financial obligations to Preschool at the Heights for the 2020-2021 schoolyear.

Signature

Date

▶ **Photo Release**

I hereby give permission for my child to be included in photographs connected with the P.A.T.H. school program. Such photographs will be used solely for school purpose and promotion which includes, but is not limited to, the school website, class booklets, or newspaper articles. Photographs used on the preschool website WILL NOT be labeled with child's name. I understand that information and pictures from the web can be copied by others and that the Preschool at the Heights holds no responsibility for this action.

_____ Yes _____ No

Signature

Date

▶ **Licensing Exemption Acknowledgement**

I understand that Preschool at the Heights is exempt from Bright from the Start state licensing. Preschool at the Heights is not a licensed state program. Preschool at the Heights is certified by the North Georgia United Methodist Conference.

Signature

Date

For Office Use Only

Payment received: \$ _____ Check # _____ or Cash _____

Payment for: \$100 registration \$80 sibling registration May 2021 payment \$ _____ Activity fee \$ _____

September 2020 payment \$ _____ Other (specify) \$ _____



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PATH Medication Release Form
No Medication Needed

I, _____, acknowledge that I have NOT provided Preschool at the Heights (PATH) with any medication, prescription or over the counter, for the treatment of any medical condition or allergy for my child, _____. In the event of a medical emergency involving my child, PATH is under no obligation or duty to undertake any steps or measures other than such reasonable steps as contacting me as parent or to contact medical emergency personnel (i.e. 911) for the treatment of my child.

In the event that my child is diagnosed with a medical condition or allergy, it is my duty to notify and inform PATH of such medical condition or allergy. In the event that my child is diagnosed with a medical condition or allergy and I do not notify PATH of such medical condition or allergy, I hereby release, hold harmless, and indemnify PATH for any liability related to such condition or allergy, whether known or unknown.

_____ (Signature)

_____ (Date)

_____ (Director's Signature & Date)

Please see other side, if medication IS needed.





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Medication IS Needed

Child's name: _____

Parent's name: _____

Medical concern: _____

Medication needed? Yes _____ No _____

If Yes: Name of medication: _____

Time of day: _____ AM/PM

Days of week: Monday Tuesday Wednesday Thursday Friday
(Check All that apply)

Amount of Medication: _____

Frequency: _____

Can child take medication him/herself: Yes _____ No _____

Directions for administering medication: _____

Other information: _____

I understand that every reasonable and necessary safety precaution will be taken while my child attends Preschool at the Heights during school hours. (Children remaining on the University Heights UMC grounds after hours, do so at their own, and their parent's risk.) Each staff member, parent volunteer, Preschool at the Heights employee or representative, or University Heights UMC Staff Member will make the best possible decision given their skills and experience and in light of the immediate circumstances they have determined in administering this medication to my child. I also understand and agree that no staff member, parent volunteer, Preschool at the Heights, Preschool at the Heights employee or representative, University Heights United Methodist Church, or University Heights UMC Staff Member will be held liable if any injury is incurred during administering of the above listed medication. In recognition that the circumstances may dictate that the risks of waiting for authorized medical personnel to arrive in an emergency may be outweighed by the prolonging of the administration of the prescribed drug, treatment or medication, I hereby waive my rights to legal retribution against all of the aforementioned parties, and I absolve them from all liabilities arising from or pertaining to an emergency wherein the health and welfare of the child are perceived to be in jeopardy.

Parent(s) signature: _____ Date: _____

Director Signature: _____