



Tabernacle Learning Center for Preschoolers
A Ministry of Tabernacle Baptist Church
Child's Enrollment Application Form
2019-2020 School Year

Date of Application: _____

Age: _____ Sex: M _____ F _____ Date of Birth: _____

Child's Name: _____
(Last) (First) (MI) (Name Used)

Address: _____
(Street) (City, State) (Zip Code)

How long at this address? ____ more than 1 year or ____ less than 1 year

If less, how long at past address? _____ months or _____ years

Information about the family:

Parents'/Guardians' Name: _____

Address: _____
(Street) (City, State) (Zip Code)

Phone Numbers: Home: _____ Mom's cell number: _____

Mom's Email address: _____

Dad's cell number: _____ Dad's email address: _____

Does child live with both parents? ____ Yes or ____ No

If answer is No, who has custody? _____

List names and ages of any siblings: _____

Dad's Employer: _____ Mom's Employer: _____

Insurance Carrier: _____ Policy No.: _____

Name of Policy Holder: _____

Information about your child:

Does your child have any known allergies: ____ Yes or ____ No If yes, please explain:

Please give any information concerning your child, which will be helpful (such as favorite games, special fears, any other special likes and dislikes):

Any Special Needs: ____ Yes or ____ No

If yes, Please explain:

Church Attend: _____ Previous Preschool Attended: _____

How did you hear about us? _____

Class Interested In: (Check the class you are interested in)

| <u>Class</u> | <u>Days Offered</u> | <u>Monthly Tuition</u> | <u>Registration Fee</u> | <u>Supply Fee</u> |
|-----------------------|---------------------|------------------------|-------------------------|-------------------|
| Two Day (Twos) | ___ M/W | 205 | 150 | 60 |
| Two Day (Twos) | ___ T/TH | 205 | 150 | 60 |
| Three Day (Threes) | ___ T/W/TH | 260 | 150 | 80 |
| Four Day (Fours) | ___ M/T/W/TH | 305 | 150 | 105 |
| Transitional Four Day | ___ M/T/W/TH | 325 | 150 | 150 |

(Class for children that do not meet the August 31, 2019 cutoff date for Wake County kindergarten class.)

****The registration fee of \$150 and the last month's tuition (May) are due with the application.**

**** The second child enrolled registration fee is \$75.**

****The supply fee is due with your September 1 tuition payment.**

Date: _____ Parent's Signature: _____

Date Accepted: _____ Date Paid Registration: _____

**Tabernacle Learning Center for Preschoolers
2019/2020**

Name of Child's Doctor _____ Office Phone _____
Address _____
Name of Child's Dentist _____ Office Phone _____
Address _____
Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, please list three people who can be contacted:

| | | |
|------------|--------------------|--------------------|
| Name _____ | Relationship _____ | Phone Number _____ |
| Name _____ | Relationship _____ | Phone Number _____ |
| Name _____ | Relationship _____ | Phone Number _____ |

If you cannot pick up your child, please give the name of three people your child may be released to:

| | | |
|------------|--------------------|--------------------|
| Name _____ | Relationship _____ | Phone Number _____ |
| Name _____ | Relationship _____ | Phone Number _____ |
| Name _____ | Relationship _____ | Phone Number _____ |

I agree that the director or alternate may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

(Signature of Parent)

I, as the director, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

(Signature of Director)

I authorize TLC for Preschooler's at Tabernacle Baptist Church to display my child's picture on Preschool related bulletin boards at the church, on the internet (no names listed), or other photographic or video media related to Tabernacle Baptist preschool functions and/or events.

Yes _____ No _____

Parent Name _____ Date _____

Signature of Parent _____

Tabernacle Learning Center for Preschoolers
Medical Permission/Release Form
September 3, 2019-May 21, 2020

I fully realize any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Tabernacle Baptist Church, all of its officers, directors, and coordinators; all owners of equipment which may be used and those who volunteered their equipment, vehicles, and services for this trip, for any and all injury, damage, or loss to my person or property incurred during a church sponsored activity.

I also authorization to Tabernacle Baptist staff members, chaperones, or any other Tabernacle adult leaders and drivers to act on my behalf in the event of a medical emergency to authorize any medical procedure, operation, medication, etc. to my child.

Child's Name _____
Address _____
Telephone: Home _____ Work _____
Other _____
Contact in Case of Emergency: _____ Phone: _____
Contact in Case of Emergency: _____ Phone: _____

Any medical problems? No ___ Yes ___ If yes, describe _____

Insurance Carrier: _____
Policy Number: _____

Parent's Signature Date

State of North Carolina, Wake County:
I, _____, a Notary Public of the County of Wake, State of North Carolina do hereby certify that _____
Personally appeared before me this day and acknowledge the due execution of the foregoing instrument.

WITNESS my hand and official seal this _____ day of _____, 20_____

My commission expires: _____
Notary Public