



Tabernacle Learning Center for Preschoolers
A Ministry of Tabernacle Baptist Church
Child's Enrollment Application Form
2020-2021 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	210	150	60
Two Day (Twos)	___ T/TH	210	150	60
Three Day (Threes)	___ T/W/TH	265	150	80
Four Day (Fours)	___ M/T/W/TH	310	150	105
Transitional Four Day	___ M/T/W/TH	330	150	150

(Class for children that do not meet the August 31, 2020 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
Medical Permission/Release Form
September 8, 2020-May 20, 2021

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