

**FIRST PRESBYTERIAN CHURCH
SEEDS OF FAITH PRESCHOOL, INC.**

A MINISTRY OF FIRST PRESBYTERIAN CHURCH
DOUGLASVILLE, GEORGIA

REGISTRATION FORM

2007-2008 School Year

Date _____

Child's age as of September 1, 2007 _____ Date of Birth _____

Child's Name _____ Sex: M F

Name to be Called _____ Telephone _____

Address _____

Street

City

State

Zip Code

Church Attends _____

Weekly _____ Monthly _____ Seldom _____ Never _____

Father's Name _____

Employer _____ Occupation _____

Work Phone _____ Cell Phone _____

E-Mail _____

Church Affiliation _____

Mother's Name _____

Employer _____ Occupation _____

Work Phone _____ Cell Phone _____

E-Mail _____

Church Affiliation _____

Child Lives with Both Parents ___ Mother ___ Father ___ Other* _____

*Explanation _____

Names, Ages and Relationship of Others in the Household

Medical Information

Name of Child's Doctor _____ Phone _____

Name of Child's Dentist _____ Phone _____

List any allergies your child may have

Other Physical Problems

If your doctor is not available, do we have your consent to use the emergency room at Wellstar Douglas Hospital _____

In case of an emergency and neither parent can be reached. Please give the name and phone number of a relative or friend we may call;

(1) _____

(2) _____

List any information concerning your child which will be helpful in his/her preschool experience (likes, dislikes, fears, habits, etc)

Has your child had previous experience in a group care situation? _____.

Where? _____ How long? _____

This registration is subject to the approval of the Seeds of Faith Preschool, Inc. We reserve the right to return the registration fee of any child, who in our opinion, has needs that we may be unable to meet and might be better suited for another program. Otherwise, the registration fee is non-refundable. In such cases, we shall try to give assistance to parents in placing the child for proper instruction.

Registration fees are payable with this form and are non-refundable.

Please mark the class you are registering for:

<u>Registration</u>	<u>Monthly Tuition</u>	<u>Registration Fee</u>
() MMO/Tu, Th	\$ 90	\$ 50
() 3 yr/2 day	\$ 95	\$100
() 3yr/3 day	\$115	\$100

Signature of Parent /Legal Guardian

Date_____

*A copy of any legal papers (custody papers, restraining orders, etc.) must be on file with the Preschool Director.

FIRST PRESBYTERIAN CHURCH

SEEDS OF FAITH PRESCHOOL, INC

FINANCIAL AGREEMENT

2007 -2008

So that you may better understand the financial policies of the First Presbyterian Church Seeds of Faith Preschool, Inc. the policies are summarized below for your review. Please read these policies carefully. After reviewing the information, please sign below and return to the Director's office.

1. The registration fee is due upon registration. Your child will not be placed on a class roll until the Director receives the completed registration form and the registration fee.
2. The registration fee is **NON-REFUNDABLE**.
3. Tuition is due on a monthly basis, no later than the fifth day of the current month. First Presbyterian Church Seeds of Faith Preschool, Inc. shall invoice the parents 5 days after payment is due. These invoices will be due and payable upon receipt. If the tuition is not paid by the 10th of the month, there will be a \$10.00 late charge added to the amount due. Accounts not paid-in-full by the end of each month shall be cause to terminate enrollment of child.
4. Fees remaining 60 days overdue will be referred to a collection agency. Parents agree to pay First Presbyterian Church Seeds of Faith Preschool, Inc. all collection cost including attorney fees. The monies due and owing First Presbyterian Church Seeds of Faith Preschool, Inc. will accrue interest at the rate of one and one half percent (1.5%) per month or the maximum legal rate permissible in the State or Commonwealth in which the services were performed, which ever is larger, on the unpaid balance.
5. Arrangements may be made in a personal meeting with the Director concerning the need for special financial arrangements.
6. If a check is returned to the First Presbyterian Church Seeds of Faith Preschool, Inc. due to insufficient funds you will be charged \$25 and asked to pay in cash. We **will not** run the check through the bank again. If paying by cash, you must have the **exact amount**.
7. First Presbyterian Church Seeds of Faith Preschool, Inc. will issue year-end statements of your child's account by written request only.
8. Preschool hours are 9:00 a.m. – 12:00 p.m. with no extended care offered. Mother's Morning Out hours are 9:00 a.m. to 12:00 p.m. with no extended care offered.

I, _____(please print name), have read and understand these policies and agree to abide by them.

Signature

Date

FIRST PRESBYTERIAN CHURCH

SEEDS OF FAITH PRESCHOOL, Inc.

Child's Name _____
Address _____ _____
Child's Date of Birth _____
Known Allergies _____

LIABILITY RELEASE/SPECIAL POWER OF ATTORNEY FORM

In consideration for being accepted by the First Presbyterian Church Seeds of Faith Preschool, Inc. for participation during the 2007-2008 school year. We (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the First Presbyterian Church Seeds of Faith Preschool, Inc. and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in the above-described activity.

Furthermore, we (I) (and on behalf of our (my) child participant if under the age of 21 years of age or older) hereby Assume all risk of personal injury, sickness. Death, damage and expense as a result of participation in recreation, transportation, and work activities involved therein.

Further, authorization and permission is hereby given to said preschool to furnish any necessary transportation, food, or other needs to this participant.

The undersigned further hereby agree to hold harmless and indemnify said preschool, its directors, employees and agents, for any liability which sustained by said preschool as the result of any negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

IF THE PARTICIPANT HAS NOT YET ATTAINED THE AGE OF 21 YEARS:

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery of medical treatment, and assume the responsibility of all medical bills, if any. Further, should transportation costs be involved, we (I) assume all costs.

First Presbyterian Church Seeds of Faith Preschool, Inc. may generally do and perform in our (my) name all things necessary in or about the premises as fully and effectually in all respects as I could do if personally present.

This release applies to all activities for the year 2007-2008.

Father Date

Parent's Phone _____
day

evening

Mother Date

Legal Guardian Date

Hospitalization Insurance Company

Policy Number

Emergency Person Phone Number

Witness therof, I have hereunto set my hand and seal.

Sworn to and subscribed before me this _____ day of _____

Notary Public