

Lascassas Baptist Preschool

TO KNOW. TO GROW. TO SERVE.

I, _____, the parent or legal guardian of the
school-aged child _____, certify that all
immunizations for the named child are current and up-to-date. Their
health record is on file at their elementary school.

Child's elementary school, address, and phone number:

Parent Signature: _____

Date: _____

Enrollment Agreement

Lascassas Baptist Preschool

Emergency Contact Information Sheet

Child's Information

Child's first name		Child's middle name		Child's last name		Preferred name	
Birth date	Sex	Allergies					
Child's home address				City	State		Zip

Family Information

Parent/Guardian #1		Relationship to child		Home phone		Cell phone	
Home address if different from above				City	State		Zip
Home email			Work email			Work phone	
Employer	Employer address		City	State	Zip	Work hours	

Parent/Guardian #2		Relationship to child		Home phone		Cell phone	
Home address if different from above				City	State		Zip
Home email			Work email			Work phone	
Employer	Employer address		City	State	Zip	Work hours	

Child Emergency Contact and Release Information (do not include parents/guardians)

For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pickup.

Person #1	Relationship to child	Cell phone	Alternate phone number
Person #2	Relationship to child	Cell phone	Alternate phone number
Person #3	Relationship to child	Cell phone	Alternate phone number
Person #3	Relationship to child	Cell phone	Alternate phone number
Person #4	Relationship to child	Cell phone	Alternate phone number
Person #5	Relationship to child	Cell phone	Alternate phone number

The persons designated in the section above will be contacted by us if you cannot be reached in the event of a medical or other emergency. Our staff will only release your child to you or to those persons listed above. If you want a person who is not identified above to pick up your child, you must notify our staff in advance, preferably in writing, but verbal authorization is also allowed. Your child will not be released without prior authorization.

Use this section to list anyone who is NOT ALLOWED to pick up your child.

Parent initial _____ Staff initial _____ Date _____

Child's name	Birth date	Sex
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Child's Medical & Developmental History

- Does your child have any special medical conditions? Yes No
Explain: _____
- Does your child have any chronic illnesses? Yes No
Explain: _____
- Please list a brief history of your child's serious injuries and hospitalizations.

- Is medication administered regularly? Yes No (*LBP does not administer medication, except in the case of life-threatening situations.*)
- Does your child have any special dietary needs? Yes No
- Is your child able to fully participate in all activities? Yes No
- Does your child have any physical restrictions? Yes No
- Does your child function at the level of other children in his/her age group? Yes No
- Is your child able to walk Yes No
- Can your child communicate his/her needs? Yes No
- Does your child need assistance at meal time? Yes No Explain.
- Does your child rest during the day? Yes No
- Does your child use any special equipment, wheelchair, hearing aid, braces, glasses, etc? Yes _____ No
- Are all the child's immunizations up to date? Yes No
If no, please explain:

Illness History (please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Skin rashes | <input type="checkbox"/> Mouth sores |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Sore throats | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Persistent cough |
| <input type="checkbox"/> Asthma/breathing problems | <input type="checkbox"/> Urinary tract infections | <input type="checkbox"/> Other |

Please attach care instructions from your physician for any of these illnesses.

Disease History (please check all that apply and add the date)

- | | | |
|---|---|--|
| <input type="checkbox"/> Chicken Pox (Varicella) | <input type="checkbox"/> Bronchiolitis | <input type="checkbox"/> Botulism |
| <input type="checkbox"/> Measles Rubeola | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Haemophilus Influenza |
| <input type="checkbox"/> Rubella (German Measles) | <input type="checkbox"/> Pertussis (Whooping cough) | <input type="checkbox"/> Meningococcal Infection |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Bacterial Meningitis |

Medical Information (continued)

Allergies (please list)

Medication	Reaction	Foods	Reaction
_____	_____	_____	_____
_____	_____	_____	_____
Bee Stings	Reaction	Respiratory	Reaction
_____	_____	_____	_____
Other	Reaction	Are any of these allergies life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____	_____		

Please fill out our Allergy Form and attach care instructions from your physician for any life-threatening allergies...

Miscellaneous Screenings and Tests (please check all that apply and add the date of last screening)

- | | | |
|--|--|---|
| <input type="checkbox"/> Vision _____ | <input type="checkbox"/> Developmental _____ | <input type="checkbox"/> Tuberculosis (PPD) _____ |
| <input type="checkbox"/> Hearing _____ | <input type="checkbox"/> Aptitude _____ | <input type="checkbox"/> Sickle Cell Anemia _____ |
| <input type="checkbox"/> Speech _____ | <input type="checkbox"/> Educational _____ | <input type="checkbox"/> Other _____ |

Child's Medical Care Provider

Physician's name	Address	Phone
Dentist's name	Address	Phone

Medical Policies; Emergency Medical Authorization: Consent: Sunscreen Usage

Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations.	Initial
I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs.	
If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious.	
If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the <i>Emergency Contract Information Sheet</i> .	
In case of a medical emergency, the staff will attempt to contact me, those listed on the <i>Emergency Contact Information Sheet</i> , and lastly my physician.	
In case of a medical emergency, I agree that my child may receive first aid and/or CPR.	
In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel.	
In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.	
I give my permission to this center to apply <input type="checkbox"/> sunscreen. If I do not supply my own, LBP reserves the right to use its own.	

Release of All Claims

I hereby do release and agree to hold harmless LASCASSAS BAPTIST PRESCHOOL and LASCASSAS BAPTIST CHURCH and its officers, agents, servants or employees from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and child-participant that occur while participating in preschool or church related activities. I, on the behalf of our child-participant, assume all risk of personal injury, damage, and expense as the result of participation in above described activity. I, as parent/legal guardian of the child-participant, give permission for him/her to participate fully in said activity. I give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/she cannot be reached, a representative of Lascassas Baptist Preschool may choose a reputable physician.

Child's Insurance Information (Includes hospital insurance: Yes No)

Insurance Company	Policy Number	Group Number
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_____ **OR** _____
 Father's signature Date Mother's signature Date

NOTARY PUBLIC: _____ (Commission Expiration Date)

Tuition Agreement and Contract

Hours of Operation

Regular operating hours are **Monday through Friday from 6:30 AM to 5:30 PM** except closings for various holidays, and inclement weather as described in the Parent Handbook. Please consult the current calendar for holidays. Tuition reductions, if applicable, are described in the Parent Handbook.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced on all local television stations under the heading "Rutherford County". If it becomes necessary to close early, we will contact you or someone listed on the *Emergency Contact Information Sheet*, and it will be your responsibility to arrange for your child's early pick up. Closing information will also be found on our website, www.LascassasBaptistPreschool.com, our Facebook, and texts will be sent out using the Remind service.

Fee Policy

- Tuition is due on the 1 st of each month and is considered late on the 5 th .	Initial
- Tuition is not subject to discounts, except those as outlined in the Parent Handbook.	
- I agree to pay the full tuition in advance of services rendered.	

Fee Policy - continued**Initial**

- I agree to pay the full tuition fee even if my child is absent for one or more days.
- A late fee of **\$10.00** is due if tuition is paid after the 5th.
- A non-refundable registration fee of **\$100.00** is due yearly.
- Non-refundable Summer Holding Fees are due for children who do not join our summer program. These fees are outlined in the Parent Handbook. Such fees also apply to children who do not start school on time, but are being saved a spot, such as newborns.
- A late pick-up fee of **\$1.00** per minute per child is due if my child is not picked up by their scheduled departure time.
- Accounts two weeks in arrears may result in immediate termination of service.
- All returned checks will be charged a fee of **\$32.00**. Two or more returned checks will result in my account being place on "money order only" status.
- A receipt for income tax purposes will be provided.

Other Agreements**Private Employment Acknowledgement and Release****Initial**

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement.

Media Release

Photographs of your child's activities at Lascassas Baptist Preschool will be taken by school personnel and teachers. These photos may appear in forms such as display panels, portfolio notebooks, teacher-made books, the school's website, or the school's Facebook page. We will also use these photos for our yearbook and special slide shows during school programs. You will receive no compensation for your child's appearance. Your child's participation gives you no ownership rights to the photographs or negatives whatsoever. Please choose from the following selections:

- _____ YES! LBP can use pictures of my child on their Facebook page, their website, or for advertising.
- _____ NO! LBP CANNOT use pictures of my child on their Facebook page, their website, or for advertising.
- _____ Please use my child's pictures for in-school purposes only (yearbook, classroom books or decoration, slide shows).

Handbook Acknowledgement**Initial**

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Parent Handbook and agree to abide by them.

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement.

I understand that the Summary of DHS Licensing Standards can be found on the school's website.

I understand that information contained in the **Parent Handbook** may be subject to change.

Contract Approval

I certify that I understand, and accept all the terms and conditions described in this *Enrollment Agreement* and the *Parent Handbook*.

Parent/Guardian Signature

Date

Staff Signature

Date