

CHRIST EPISCOPAL PRESCHOOL  
1521 N. Patterson Street  
VALDOSTA, GA 31602

APPLICATION FOR ENROLLMENT

School Year 2014 / 2015 Sex: M\_\_\_\_\_ F\_\_\_\_\_ Class: 2 \_\_\_\_\_ 3\_\_\_\_\_ 4\_\_\_\_\_

Name of Child \_\_\_\_\_

Name Child Called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parents (Mother) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

or Guardians (Father) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Communicable Diseases Child Has Had \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

Names & Numbers of persons authorized to pick up child (emergency or otherwise):

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Non - Refundable Registration Fee** of \$125.00 must accompany this application.  
Classes are filled on a first come, first served basis upon return of the application and  
registration fee.

**Monthly Tuition:** Members of Christ Church - \$165

Non-members - \$185

Tuition for the months of (September – May) is due the first day of each school month.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for the Director or acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact you through any of the persons listed on the emergency information sheet you completed for us.
4. If we cannot contact you or your child's physician, we will do any of the following:
  - a. Call another physician;
  - b. Call an ambulance;
  - c. Have your child taken to any emergency hospital in the company of a staff member.
5. Any expense incurred under #4 above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

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Parent/Guardian Signature

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Date

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Parent/Guardian Signature

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Date

# Photograph consent form

## Christ Episcopal Church Preschool

We would be grateful if you could sign the attached form and return it to the PMO. We cannot publish images of children unless the form has been signed by a parent or guardian.

The photographs may be used in any of the media used by **Christ Episcopal Church** for classroom setting, promotion including newsletters, leaflets, and posters. They may also be posted on the web site. No children's names will be included with photographs posted on the web.

Any photographs taken will be used **only** by Christ Episcopal Church, and used by the teachers of pre-school

If at any time you wish your photo to be deleted from the photo library, please contact Kim Dudley; Parish Administrator.

Thank you for your help.

## Christ Episcopal Church Preschool Consent for use of photos

Name of child/young person 1:

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Name of child/young person 2:

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Name of child/young person 3:

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Name of child/young person 4:

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Name of child/young person 5:

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I am the legal parent/guardian of the child/children/young person above and I give permission for my child/myself to be photographed for the following uses:

**Classroom setting, media identified by the Christ Church, including posters, flyers, websites.**

I confirm that I have read the letter attached to this permission form and understand the proposed uses for the photographs. I understand that I can withdraw the photo from the photo library at any time by contacting the Christ Episcopal Church office.

I understand that there will be no payment for my or my child's participation.

Signature of parent/guardian:

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Name of parent/guardian (print):

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Address:

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Date:

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