

Peace Christian Preschool & Day Care

680 Ocean Ave, Bohemia, NY 11716
Email: info@peacechristian.com

Phone 631.589.0651

Fax 631.589.7068
www.peacechristian.com

Child's Name _____
Child's Date of Birth _____ Gender (male/female) _____
Address _____ Elementary School _____
City _____ State _____ Zip _____
Home Phone _____ Mom's Cell # _____ Dad's Cell # _____
Family Email Address (required) _____

Family Information

Family Information

Parent/Guardian _____ Cell# _____
Employer: _____ Work Phone _____
Parent/Guardian _____ Cell# _____
Address (if different from child) _____
City _____ State _____ Zip _____ Home Phone _____
Employer _____ Work Phone _____
Email Address (required if two households) _____
Marital Status: Married: _____ Divorced: _____ Separated: _____ Other: _____
If one or both parents do not have custodial rights, please explain. _____
Names/Ages of Siblings _____

Enrollment Information

Before Care/After Care Program

Please list the days/hours your child will be attending:

	Morning Drop-off Time	Afternoon Pick-up Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

My child attends

_____ Elementary School

You are responsible to call Peace Christian if your child is not coming on a scheduled day. So...if they are out sick, going home on the bus because of a change in plans, or have joined an after school club, etc. you must let us know in advance.

This will prevent us from having to call transportation, the school and every contact number you've provided until we know where your child is and that they are safe!

Hourly billing @ \$10 per hour
For Office Use

Registration & Materials Fee _____ \$75 _____ Date Paid _____
___ Enrollment roster _____ Pro Care _____
___ Blue Card _____ Allergy List _____
___ Calling Post _____ Remind app/e-mail List _____

My Child
has an allergy:

(circle one)

No

Yes

(explain at top of next page)

ABOUT YOUR CHILD

Allergies - please list type of reaction, severity, and usual treatment for allergy

Medications (Please note that the only medication we are allowed to administer at our school is an EPI-Pen.)

Family Physician: _____ **Phone** _____

Additional Information: (Social Behaviors, etc.) _____

Emergency Contacts and Alternative Pick-ups:

(Please provide name, phone, address, relationship to child, or other important information)

PERMISSION STATEMENTS

Yes ___ No ___ In case of emergency, I authorize "911" to administer any necessary emergency medical care to my child and transport my child to a medical facility.

Yes ___ No ___ In case of soiled clothing, I give permission for Peace Christian Staff to help change and clean my child. Staff will follow New York State mandated hygiene procedures.

Yes ___ No ___ I hereby grant permission to Peace Christian Preschool and Day Care to photograph my child and for the photos to be used in the following manner as indicated below:
_____ Class Projects _____ Bulletin Boards _____ Website (we will verify with family first)
_____ Slide Shows used at Peace programs _____ Publicity (we will verify with family first)

Yes ___ No ___ I give Peace Christian Preschool and Day Care permission to apply topical sunscreen that I provide. All sunscreens must be labeled clearly with my child's first and last name and given directly to a Teacher.

Yes ___ No ___ I give Peace Christian Preschool and Day Care permission to lay my child down on a cot or 3/4" state regulation mat while at Day Care if my child is not feeling well, until you arrive to pick them up.

Yes ___ No ___ I agree to abide by the *Peace Christian Pre-School Handbook Rules and Regulations*, the *Peace Christian Pre-School Tuition Plan* and the Peace Christian Expulsion policy.

Yes ___ No ___ I would like to have church information e-mailed, phoned, texted or backpacked home.

I, the parent and/or Legal Guardian of _____ do consent and grant my permission to all of the agreed to items listed above.

Signature _____

Date _____

TUITION DETAIL

I agree to and understand the following:

_____ 1. Registration & Materials Fee (non-refundable) of \$75 is due at time of registration.

_____ 2. My monthly tuition for Before/After Care will be billed by the hour at a rate of \$10 per hour at the end of each month. Payment is due 10 days after the billing date.

Discounts available: _____ 10% Sibling discount (oldest child)

_____ 3. I will inform the office if my child is **not** coming off the bus on a regularly schedule day.

_____ 4. I will inform the school of any injury (i.e. broken arm or leg) that would require additional care or supervision. We reserve the right to refuse your child from coming to our program if you fail to communicate about any medical issue that could impact the safety of a child.

Tuition Policies - I have received the Peace Christian Tuition Agreement. For Before/After Care Program, tuition payments are due September through June. For all programs a 10% late fee will be assessed if any payment is over 10 days late. Our school closes at 5:30pm. If you are late picking up your child a charge of \$25 per child per ten minute increment will be charged.

Parent Signature: _____

Date: _____