

West Point Christian Preschool Enrollment Agreement

Completion of this agreement is required for enrollment. This form will enable us to better understand your child and meet his/her needs. Much of the information requested is necessary to comply with state child care licensing regulations.

Enrollment Information

Child's Information

Child's first name		Child's middle name		Child's last name		Child's Date of Birth		
Age	Sex	Child's primary language		Parent/guardian/sponsor primary language				
Child's home address				City		State		Zip
Last Preschool Attended				School District in which you live				
Hours of Care Needed (please check one): <input type="checkbox"/> 6:30am-4pm (add'l \$10 per week) <input type="checkbox"/> 7am-4:30pm <input type="checkbox"/> 7:30am-5pm <input type="checkbox"/> 8am-5:30pm <input type="checkbox"/> 8:30am-6pm								
Days Needed: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F Meals Needed: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack 1 <input type="checkbox"/> Snack 2								

Family Information

Father's First/Last Name		Contact Number		Email		
Home address if different from above		City		State		Zip
Employer		Work hours		Work Phone		
Mother's First/Last Name		Contact Number		Email		
Home address if different from above		City		State		Zip
Employer		Work hours		Work Phone		

Child Emergency Contact and Release Information (do not include parents/guardians/sponsors)
 The persons designated in this section 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 below. If you want a person who is not identified above to pick up your child, you must notify our staff in advance. Your child will not be released without prior authorization.

Please notify the center if an Emergency Release Contact will pick up your child on a given day. [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 pick-up.]

Contact #1	Relationship to child	Home phone	Cell phone
Contact #2	Relationship to child	Home phone	Cell phone
Contact #3	Relationship to child	Home phone	Cell phone
Contact #4	Relationship to child	Home phone	Cell phone

Family Support Questionnaire

1. Does your child rest during the day? Yes No
2. Is your child toilet trained? Yes No
3. Tell us about your child's strengths and weaknesses. _____

4. Tell us about your child's likes and dislikes. _____

5. Does your family have any beliefs, childrearing, or cultural practices that would affect your child at childcare? _____

6. Are there any accommodations that you feel your child may need in order to achieve consistency between home and center? _____

Medical Information

1. I must provide West Point Christian Preschool with updated medical and immunization information for my child. This information is to be kept current and updated.
2. I agree to provide information to West Point Christian Preschool about my child's conditions, illnesses, allergies or other needs.
3. 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.
4. If my child becomes ill during his/her time at West Point Christian Preschool, 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. My child must be symptom free for 24 hrs prior to returning to school. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. I agree that my child may receive first aid and/or CPR, be transported to a local hospital or urgent care facility by staff or paramedics. I am responsible for emergency medical expenses
5. I give my permission to West Point Christian Preschool to apply sunscreen and insect repellent to my child. I will supply my own sunscreen and insect repellent.
6. Special medical conditions (use breathing machines, braces, glasses, etc) or allergies or take medicine on regular basis? No Yes
If yes, please explain and attach care instructions from physician.

Primary physician's name	Primary physician's Phone
Preferred hospital/clinic for emergency care	
Dentist's name	Dentist's practice Phone
Child's health insurance provider name	Policy number

Other Agreement**Private Employment Acknowledgement and Release**

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

Media Release

Occasionally, photos will be taken of the children at the center for use within the center or on our website and social media pages. Please indicate that you authorize the use and reproduction of photographs of your child in conjunction with the program.

Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center.

Handbook Acknowledgement & Contract Approval

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. Information contained in the **Family Handbook** may be subject to change.
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 certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement* and the *Student & Parent Handbook*.

		<i>Marneshia S. Cathey, Director</i>
Primary Parent/Guardian/Sponsor Signature	Date	Center Staff Signature

Child's Name: _____

Rate Agreement and Contract

Hours of Operation & Fee Policy

Regular operating hours are **Monday through Friday from 7:00 AM to 6:00 PM** except closings for various holidays, and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. **There is no reduction in tuition as a result of center closures.** The procedure to notify families should severe weather or other conditions preventing the program from opening on time or at all will be **Remind 101 (you should sign-up by texting "@wpcpparent" to 601-339-6550)**. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Contact and Release*, and it will be your responsibility to arrange for your child's early pick up.

Automated Bank Payment Authorization Form

Please draft _____ (parent's name) Checking Saving Credit Card Payroll
 Monthly or Bi-Weekly in the amount of \$_____
_____ (Bank Routing Number) _____ (Account Number)

If payment is returned due to insufficient funds a \$40 NSF fee & \$25 late fee will be assessed to my acct.

I hereby authorize **West Point Christian Preschool** to initiate entries to my checking/savings accounts at the financial institution **Community Bank**, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until **West Point Christian Preschool** is notified by me (us) in writing to cancel it in such time as to afford **West Point Christian Preschool** and the financial institution **Community Bank** a reasonable opportunity to act on it. By discontinuing this service, I understand that my child will no longer be able to attend **West Point Christian Preschool**.

Parent's Signature

Automated Credit Card Payment Authorization Form

Credit Card Charge (√ one): Visa Master Card

_____/_____/_____/_____ credit card number	_____ Expiration Date (month/year)	_____ 3 digit CVC number	_____ Billing Zip Code
---	---------------------------------------	-----------------------------	---------------------------

I hereby authorize **West Point Christian Preschool** to charge my credit card Monthly or Bi-Weekly in the amount of \$_____. This authority will remain in effect until **West Point Christian Preschool** is notified by me (us) in writing to cancel it in such time as to afford **West Point Christian Preschool** a reasonable opportunity to act on it. By discontinuing this service, I understand that my child will no longer be able to attend **West Point Christian Preschool**. If payment is denied a \$40 NSF fee & \$25 late fee will be assessed to my acct.

Parent's Signature

Inside Payment (final approval of this arrangement will be made by management)

_____ (parent's name) will pay \$_____ (tuition amount) Weekly or Bi-Weekly

Payment Date: Monday Tuesday Wednesday Thursday Friday; If payment is not received on this day a \$25 late fee will be applied each week until payment is received.

Method of Payment: Cash Money Order Credit Card (√ one): Visa Master Card

_____/_____/_____/_____ credit card number	_____ Expiration Date (month/year)	_____ 3 digit CVC number	_____ Billing Zip Code
---	---------------------------------------	-----------------------------	---------------------------

- Tuition is not subject to discounts for holidays, emergency closures (i.e., weather), or absences.
- I agree to pay the full tuition in advance of services rendered.
- Non-refundable fees are due annually (see handbook for details)
- A late pick-up fee of **\$15 is due at 6:01** and **\$1** per minute thereafter.
- Accounts two weeks in arrears may result in immediate termination of service.
- My child may have the opportunity to participate in a special program or field trip or request for additional supplies that may have an additional fee due.
- Two or more returned checks or ACH transactions will result in my account being place on "money order only" status.
- A receipt for income tax purposes will be provided by January 31st. Your account must be current.

Initial

