



## Student Registration Form

### General Information

Name (First, Last, name used): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Who does the child live with? (circle one)

Both parents      Mother      Father      Other : \_\_\_\_\_

Please list siblings who are school-age or younger:

**Name**

**Age**

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

## Class Selection

We offer two classes:

- Seedlings – 3 years old by Sept. 1<sup>st</sup> T and TH 9-11:30am \$80/month
- Saplings – 4 years old by Sept. 1<sup>st</sup> T, W, TH 9-12pm \$100/month

Please see our website for full class descriptions and more information. Tuition is due by the first of every month and can be paid by personal check or by automatic payment withdrawal (for a \$3/mo. service fee).

- I will be paying tuition by personal check.
- I would like to sign up for automatic payment withdrawal. (This convenient, secure service will be conducted through our financial institute and will add a fee of \$3/month. You will be contacted in August to provide your account information.)

How old will your child be on September 1 <sup>st</sup> ?	3	4
Is your child able to use the toilet without assistance?	Yes	No
Class you are registering for:	Seedlings, 3 year olds	Saplings, 4 year olds

## Contacts

At dismissal, your child will be released only to the custodial parent or legal guardian. Please list below any other people you authorize to pick up your child.

Name	Relationship	Ph. #
_____		
_____		
_____		
_____		

## Personal Information

Please help us get to know your child more so we can make his or her preschool experience more enjoyable.

Does he/she have any special interests or activities? \_\_\_\_\_

Does he/she have any specific concerns or fears? \_\_\_\_\_

Does your child have any difficulties with:            speech            hearing            sight

Special Needs/Accommodations: \_\_\_\_\_

\_\_\_\_\_

Please list a few of your child's strengths: \_\_\_\_\_

\_\_\_\_\_

Please list some areas your child is still working on: \_\_\_\_\_

\_\_\_\_\_

Has your child attended any previous preschool program?

No    Yes; where and when? \_\_\_\_\_

Please list anything else you think may be helpful for us to know: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Seeds of Grace Preschool?

newspaper            website            sign            church            personal recommendation

Does your family attend church regularly?    No    Yes: Where? \_\_\_\_\_

\_\_\_\_\_

**Registration Information**

A non-refundable registration fee of \$15 is required to reserve your child's spot. Please send your check, along with this form and the Medical form, to the address below. Once both forms and payment are received, you will be contacted to confirm your child's enrollment.

Seeds of Grace Preschool

c/o Grace Fellowship

155 Bridge St.

Tunkhannock, PA 18657

Checks may be made payable to Seeds of Grace Preschool.

# WAIVERS

## Photo Release

In consideration of participating in Seeds of Grace Preschool program, related events and activities, the undersigned acknowledges, appreciates and willingly agrees that:

I do hereby give Seeds of Grace Preschool the irrevocable right to use my child's name, picture, portrait, image, video, or photograph in all forms and media and in all manners for in-school posting, advertising, for publication, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Child's Printed Name

\_\_\_\_\_ No, I do not agree. Do not use my child's name, picture, portrait, image, video or photograph in any forms or media.

## Waiver of Liability, Release, and Assumption of Risk & Indemnity

### Agreement Notice:

This is a legally binding agreement. I understand that by signing this Childcare Waiver of Liability, I release and hold harmless Seeds of Grace Preschool, Grace Fellowship, its directors, board members, employees, agents, volunteers, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, in connection with or arising out of Seeds of Grace Preschool services, including but not limited to, personal injury, bodily harm, injury, or property damage occurring while the above child is in their care at Seeds of Grace Preschool.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date

