

Dear Parents/Guardians:

We are eagerly looking forward to teaching your child during the upcoming school year. For the 2017-2018 school year, Christ Episcopal preschool program plans to continue our 2 year old class. If you are interested in this, or know of someone who is, please call the church office (242-5115) to have the forms sent to you. In order for a child to qualify for this class, the child must **turn 2 no later than September 1, 2017.**

In addition to our preschool program, Christ Episcopal Church offers a Parents' Morning Out Program Monday through Friday, from 9 a.m. - 12 Noon, and a 12 Noon - 1 p.m. "Lunch Bunch" for preschool students. These programs are separate from that of the preschool, and requires an additional fee. If they are to participate, preschool students must be registered separately for this program. Call the church office for more information.

For the 3 or 4 year old classes, children must be 3 or 4 years old before September 1, 2017. A "get-to-know-you" conference will be set up by the teachers before school starts.

Enclosed, please find registration information for the 2017-2018 school year and a permission form to play on the playground equipment and to participate in field trips. **In addition to these 3 forms, parents must provide an up-to-date- immunization form, provided and signed by your child's pediatrician, and complete list of persons authorized to pick up your child. The immunization form may be submitted any time prior to the beginning of the 2017-2018 school year.**

Application for enrollment with the non-refundable \$150.00 registration fee must be received in order for your child to have a space guaranteed. **We are giving current parents until March 13, 2017 to return applications and then open enrollment applications will be taken to fill spots. After March 13, 2017 classes will be filled on a first come, first served basis upon return of the application and fee. All classes are subject to meeting a minimum number of students to make the class. (We are giving current parents the opportunity to enroll first.**

If you should have any questions regarding our program, please don't hesitate to call.

Sincerely,

Christ Episcopal Church
Preschool Committee

Enclosures

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

School Year 2017 / 2018 Sex: M _____ F _____ Class: 2's Mon – Friday _____ 2's Mon, Wed and
Friday _____ 3's _____ 4's _____

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 \$150.00 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 - \$175

Non-members - \$195

2 Year old 3 Day class - \$135

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 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.

Parent/Guardian Signature

Date

Parent/Guardian Signature

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:

Name of child/young person 2:

Name of child/young person 3:

Name of child/young person 4:

Name of child/young person 5:

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:

Name of parent/guardian (print):

Address:

Date:
