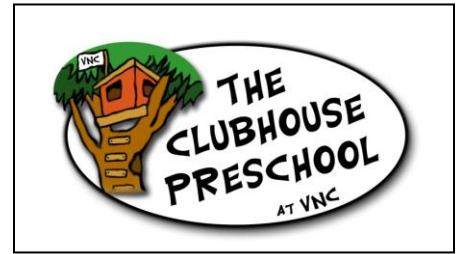


**Registration Form
2018-2019**

**The Clubhouse Preschool at VNC
Valparaiso Nazarene Church
2702 E. Glendale Blvd.
Valparaiso, IN 46383
(219) 462-2751**



**Website: valponaz.org/clubhousepreschool
Email: ashleye@valponaz.org**

Date_____

Please choose class: ___ M/W (9:00-11:30 a.m.) 3 year old class
 ___ T/TH (9:00-11:30 a.m.) 3 year old class
 ___ M/T/W/TH (8:45-11:15 a.m.) 4 & 5 year old class
 ___ M/T/W/TH (12:30-3:00 p.m.) 4 & 5 year old class

Child's Full Name_____

Birth Date_____ M_____ F_____

Mother's/Guardian's Name _____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Email_____

Employer_____

Occupation _____

Work Phone_____ Cell _____

Father's/Guardian's Name _____

Address_____

City_____ State_____ Zip_____

Home Phone_____ Email_____

Employer_____

Occupation _____

Work Phone_____ Cell _____

Parents are: Married Divorced Separated Widowed Single

Child resides with: Both Parents Mother Father Other

Emergency Contacts

Primary Emergency Contact (other than parents/guardians)

Name _____

Home Phone _____ Work Phone _____

Address _____ City _____ State _____

Relationship to Child _____

Secondary Emergency Contact (other than parents/guardians)

Name _____

Home Phone _____ Work Phone _____

Address _____ City _____ State _____

Relationship to Child _____

Person(s) authorized to pick up my child besides parents/guardians or emergency contacts:

#1 _____

#2 _____

#3 _____

(With prior notice from parent/guardian and proper ID only.)

How did you find out about our preschool?

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child may be given emergency treatment by an employee of Valparaiso Nazarene Church. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

Parent/Guardian Signature _____

Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parent/Guardian Signature _____

Date _____

Valparaiso Nazarene Church will not be responsible for paying for the child's health care.

● Child's physician _____

Phone _____

● Preferred hospital _____

Phone _____

● Insurance Company _____

Policy # _____

● Regular medications _____

● Medicine allergies _____

● Food allergies _____

● Any other allergies _____

● Any special health conditions _____

● Any special needs that could affect your child's success in the classroom or with a group _____

Monthly tuition:

Monday/Wednesday (3 year old class)

\$125.00/month

Tuesday/Thursday (3 year old class)

\$125.00/month

Monday/Tuesday/Wednesday/Thursday (4 & 5 year olds)

\$160.00/month

Registration fee:

There is also a \$75.00 registration fee that is due when you register.

Enrollment will not be guaranteed until the registration fee has been paid.

I do hereby agree to pay the school tuition and registration listed above during the first week of each month from September through May.

Parent/Guardian Signature _____

Directory Permission

The Clubhouse Preschool at VNC has permission to include my child, _____, in the school directory along with our contact information, including our address and phone number along with parents' or guardians' names.

Parent/Guardian Signature Date

Permission to Photograph

I, _____, give permission for The Clubhouse Preschool
(parent's or guardian's name)

at VNC to photograph my child, _____, for the following purposes:
(child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Use photographs possibly containing your child on promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective students	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on the preschool website or Facebook page*	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

* Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

Parent/Guardian SignatureDate

I do hereby verify that I understand and agree to abide by the policies and procedures listed in the Parent Handbook for The Clubhouse Preschool at VNC.

Parent/Guardian Signature _____

Date _____