



2021

Friendship Christian Preschool Application

Note: Your application will not be processed until all documents are filled out. **All fees are nonrefundable and non transferable.** Preschool payments are due on Friday the week of service each week. This is required if your child is in Preschool for one day or all week, or if child is absent from Preschool, standard weekly fee agreement must be paid. In the event payments are not met, notification of delinquency will be made by phone call and/or letter. Please be sure to notify our office if any payments will be late. If a payment is received late a fee of \$10 will be assessed the Monday following the first missed payment. Anyone delinquent three weeks on their Preschool payments will be dropped from Preschool and measures will be taken to retrieve the delinquent payment(s). If you have a financial difficulty, immediately contact the school office to request for extended time. All payments should be made to FCA each Friday morning. Parents are to write Preschool payment and child's name on the outside of an envelope and hand it to the Preschool director and she will write a receipt. Preschool starts at 7 am and closes at 5:30 pm each Mon. – Fri. Parents are required to supply lunches, snacks, and drinks for child in Preschool. Parents must sign child out at pick up time each evening. If someone else is to pick up your child that day, please call the office before 3 pm and the Preschool director will be notified. Person picking up your child must have ID with them at pick up and will be responsible to sign child out. Discipline will be administered as Preschool rules apply. Late Pick up fee of \$5 per child for every 5 minutes child(ren) are not picked up.

- Weekly Preschool Fee for one child \$80.00 (7 am till 5:30 pm)
- Weekly Preschool Fee for two children \$130.00 (7 am till 5:30 pm)
- Weekly Preschool Fee for three children \$180.00 (7 am till 5:30 pm)

AGREEMENT FORM

I, _____ the parent(s) of _____
Parent(s) Name Student's Name

Have read this form and we understand our obligations to the Preschool we have enrolled our child in. I (we) agree to be responsible for all fees charged and will cooperate with the guidelines and request of the Preschool Program.

Signature

Date

Directions for completing this application

1. Please fill in all blanks carefully. Where items do not apply draw a line through the space.
2. A photo copy of Parent(s) driver's license must accompany each application.

NON DISCRIMINATION POLICY: It is the policy of this school, in the admission of students, administration of its educational policies, athletic programs and other school administered functions, not to discriminate on the basis of race, color, gender, nationality, or ethnic origin. All students requesting enrollment in FCA must be willing to adhere to the policies and standards of the school.

Friendship Christian Preschool

Parent's Name _____

Date _____

Child's Name _____

Date _____

Time your child will be dropped off for Preschool: _____ A.M. Time your child will be picked up from Preschool: _____ P.M. Number of children in family enrolled in Preschool: _____

CHILD'S HEALTH HISTORY:

List any health problems the director needs to be aware of:

1. _____

List any medication the child is now taking:

2. _____

List all allergies, if any, to medications, foods, etc. your child may have:

3. _____

Emergency Phone Numbers to contact parent.

1. # _____ Contact Name _____

2. # _____ Contact Name _____

List below names of authorized people to pick up:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

EMERGENCY INFORMATION:

NAMES OF PERSONS AUTHORIZED TO ACT FOR PARENT IN AN EMERGENCY

1. _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employment _____ Work Hours _____

2. _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employment _____ Work Hours _____

Medical Treatment:

Every possible provision is being made to provide a wholesome, healthful atmosphere during the student's stay at Preschool. When students are injured or become seriously ill at Preschool, the parent will be notified at once. There may be times when a child has symptoms that may not be serious. In this case we need the parents consent to be able to administer medication. Please list any and all medications that your child is allowed to take, along with the dosage that you recommend.

I, the undersigned do grant permission to the Preschool attendant to administer medications listed below in the dosage amount recommended by me:

DRUG NAME

E.g. (Tylenol, Benadryl, Mylanta, Tums)

DOSAGE AMOUNT

e.g. (1 ½ tsp. Every 4 hours or as directed)

Is your child allergic to any drugs or topical medication? If so please list below

I understand no medication will be given that exceeds the recommended or prescribed amount of the product.

Child's Name _____

Signature _____

Date _____

APPLICATION

Date of Admission _____

Full Name of Child _____

Child's Birth Date _____

Name of Mother _____

DL # _____

Address _____ City _____ St. _____ Zip _____

Home _____ Cell _____

Employment _____

Employment Address _____

Work Hours _____ Work Phone _____

Name of Father _____

DL # _____

Address _____ City _____ St. _____ Zip _____

Home _____ Cell _____

Employment _____

Employment Address _____

Work Hours _____ Work Phone _____

OTHER CHILDREN IN FAMILY

NAME

BIRTH DATE

SCHOOL

Statement of Cooperation

I the parent / guardian of _____ agree that I will make certain that a staff member of the Friendship Christian Preschool is aware of the arrival and departure of my child each day. I agree not to leave my child on grounds unattended upon arrival and I will also make sure that his / her director is aware of my presence when I arrive to pick him / her up.

Date: _____ Signature _____

Health and Emergency Medical Care Information

Condition of child's health _____

Any Physical Disability: Yes or No If yes please explain _____

In the event I cannot be reached to make arrangements for emergency medical care at the time of an accident, I hereby authorize Friendship Christian Preschool, acting on my behalf, to take my child to the closest Medical Care Facility or to _____.

Hospital or Emergency Clinic

Date: _____ Signature: _____

General Authorization

Withdrawal Notice:

I agree that should I choose to withdraw my child, I will give written notice and expect the withdrawal to be effective when such notice is delivered to the administrator of Friendship Christian Preschool.

Date: _____ Signature: _____

Activities Permission:

I hereby grant permission for my child to use all of the play equipment and participate in all activities of Friendship Christian Preschool (unless restrictions are listed) and hereby take full responsibility of my child.

Date: _____ Signature: _____

Friendship Christian Academy Media Release Form

Media Release Form

By this release, I/we hereby permit Friendship Christian Academy, 184 Friendship Road, Victoria, Mississippi 38679 (The “School”) to use any photograph, depiction, or picture of our / my child:

Print Full Name of Student _____ Grade _____

For any and all lawful purposes as the school may deem appropriate from time to time, including, without limitation to promotional literature, advertisements for the school, and posting on Social media or the School’s website.

I / We understand and agree that this release is binding and irrevocable with respect to all photographs, depictions, or pictures taken or obtained on the basis of, and in reliance upon, the execution of this release. We / I further understand and agree that if we/I wish to terminate permission for future photographs, depictions, or pictures we/I must do so by written notice delivered to the school by certified mail, return receipt requested.

Please choose and sign only one option – either to grant permission or to deny permission.

Permission is granted

I/We give permission for the above named student to be photographed or interviewed during his / her time at Friendship Christian Academy for newspapers, television, press releases, advertising, school website, or for other promotional publications that portray Friendship Christian Academy life to the general public.

Signature of Parent / Guardian _____ Print Name _____ Date _____

Permission is NOT granted

I/We DO NOT give permission for the above named student to be photographed or interviewed during his / her time at Friendship Christian Academy for newspapers, television, press releases, advertising, school website, or for other promotional publications that portray Friendship Christian Academy life to the general public.

Signature of Parent / Guardian _____ Print Name _____ Date _____