

Parkview Weekday Preschool

Parkview Baptist Church • 5805 S. Sheridan Road • Tulsa, Oklahoma • 74145 • (918) 494-4876

Child's Name _____ Birthdate _____ Male Female

Registration: 1 day(ones and twos class only) 2 days 3 days

Please check which day(s): Monday Wednesday Friday

T-Shirt Size: _____

Available Sizes (2T 3T 4T 5T Small(6-8) Med(8-10) Lrg(10-12) Adult S-XXL)

Child lives with: Mother & Father Mother Father Other _____

Siblings (names & ages): _____

Pets (name): _____

Child's favorite toys/activities: _____

Father's Name: _____ Email: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell: _____

Mother's Name: _____ Email: _____

Home Address _____ Home Phone _____

City _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Work Phone: _____ Cell: _____

Family religious preference: _____ Church membership: _____

Health Information

Are immunizations up-to-date? Y N (attach a copy of most recent immunization record)

If no, please indicate reason: _____

Any allergies/special needs/fears: _____

Any physical conditions: Eczema Hay Fever Asthma Other _____

Any medications taken regularly: _____

Check illnesses child has had: Chicken Pox Mumps Measles Rubella

Scarlet Fever Scarletina Hepatitis Mononucleosis Other _____

Has child been tested for any sight or hearing problems or disorders?: Y N

If yes, list the results?: _____

Is your child potty-trained? Y N

Has child had any surgeries? (include surgery for tubes in ears): _____

Present physical condition: _____

Any information which would be helpful to the teachers in care of your child:

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name: _____ Relationship to child: _____
Address: _____ Driver's License: _____
City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____
Work Phone: _____ Cell: _____

Release of Child (in addition to above, if any)

I authorize that my child, _____ may be released by Parkview Weekday Preschool to the following:

Name _____ Relationship to child _____
Work Phone _____ Home Phone _____ Cell Phone _____
Name _____ Relationship to child _____
Work Phone _____ Home Phone _____ Cell Phone _____

Video/Photo Release:

I understand that video and/or photographs may be taken of my child and may be used for future publicity. I give permission for Parkview Baptist Church to use media images of my child.

Enrollment Agreement:

Acceptance of this form and annual, non-refundable registration fee (\$50) enrolls your child in our program. Our preschool is a non-profit, weekday ministry of the Parkview Baptist Church congregation. We seek to enrich a child's world by providing outstanding Christian, educational, and social experiences developmentally appropriate to the child's age. We seek to forever touch a child's heart by modeling that faith in God through Jesus is an integral part of each minute of every day.

Date _____ Parent Signature _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Parkview Weekday Preschool staff to take my child to an Emergency Room or to the following physician and associates for medical care and give consent for any treatment deemed necessary by the attending physician.

Physician _____ Hospital _____
Physician's Phone # _____

_____(Signature of Parent/Guardian)

FACEBOOK POST

WE DO POST PICTURES ON OUR PRIVATE FACEBOOK PAGE FROM TIME TO TIME. ONLY PRESCHOOL FAMILIES AND TEACHERS ACCESS THIS PAGE. WE NEED PERMISSION TO DO THIS. PLEASE SIGN THE FORM BELOW GIVING US PERMISSION TO POST THESE PICTURES.

IF YOU WOULD PREFER YOUR CHILD NOT BE PHOTOGRAPHED OR INCLUDED IN THESE POSTS PLEASE CHECK NO.

CHILD'S NAME _____ CLASS _____

YES _____ MY CHILD MAY BE INCLUDED IN THESE POSTS.

NO _____ MY CHILD MAY NOT BE INCLUDED IN THESE POSTS.

SIGNATURE _____ DATE _____

THANKS,

PARKVIEW WEEKDAY PRESCHOOL

FIRST DAY CHECKLIST

SACK LUNCH

SMALL SLEEP MAT (*Ladybug, Bumblebee,
Caterpillar, Firefly, and Cricket Classes*)

BACK PACK

BLANKET- SLEEP FRIEND

EXTRA SET OF CLOTHES

SIPPY CUP OR CUP LABELED WITH STUDENT NAME

DIAPERS LABELED WITH STUDENT NAME

COPY OF CURRENT IMMUNIZATIONS

FACEBOOK RELEASE

**PLEASE MAKE SURE ALL ITEMS ARE MARKED WITH
YOUR CHILDS NAME.**

PARKVIEW PRESCHOOL FINANCIAL INFORMATION

\$50.00 NON REFUNDABLE REGISTRATION FEE IS REQUIRED AT THE TIME OF ENROLLMENT (THIS FEE WILL INCLUDE A PARKVIEW PRESCHOOL TSHIRT FOR YOUR STUDENT).

The monthly tuition amount is the same every month regardless of days missed due to illness, holidays, or inclement weather.

Tuition is due on the first of the month and PAST DUE after the tenth of the month. A late fee of \$20.00 per child will be added to all tuition payments received after the tenth. If tuition cannot be paid and you have not worked out a plan with the director you will be asked to withdraw your child until payments can be made.

You may mail your checks or place them in the tuition box. Please make all checks payable to Parkview Preschool.

A thirty day notice is required to withdraw a child from the program. Please let us know if you need to withdraw your child.

Parent Signature _____

Date _____

REGISTRATION FEE \$ _____ CHECK NUMBER _____ DATE _____