



# Paran Preschool

## ENROLLMENT FORM

MDO  2-Day

3-Day  5-Day

Today's Date \_\_\_\_\_

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

*Last*

*First*

*MI*

*Preferred*

Gender  Male  Female Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Home Email \_\_\_\_\_

Home Address \_\_\_\_\_

*Street*

*City*

*State*

*Zip Code*

Birth date \_\_\_\_\_ Age as of today: \_\_\_\_\_

### Family Information

**Mother/Guardian #1 Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Living with Child?**  Yes  No

**Divorced?**  Yes  No **If Yes, Custody?**  Full  Joint

Religious Affiliation \_\_\_\_\_ Church (if any) \_\_\_\_\_

**Father/Guardian #2 Name** \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Living with Child?**  Yes  No

**Divorced?**  Yes  No **If Yes, Custody?**  Full  Joint

Religious Affiliation \_\_\_\_\_ Church (if any) \_\_\_\_\_



**Siblings:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

**Medical Information**

Child's Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Please describe any physical limitations (include allergies, asthma, developmental delays)

\_\_\_\_\_

**Emergency Authorization**

In case of a medical emergency and parents or guardians cannot be reached, I give Paran Preschool authority to act on my behalf to secure medical treatment for my child. I understand that I will be responsible for any expenses incurred.

\_\_\_\_\_

*Signature*

Please name two individuals that can be called to come get your child from school in case your child becomes ill when you are not available.

Name \_\_\_\_\_ Rel. to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Rel. to Child \_\_\_\_\_ Phone # \_\_\_\_\_

**Transportation Authorization**

Person or persons authorized to transport my child to or from preschool (please note any other individual, other than those named here, will not be allowed to transport your child without a written authorization from you. Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up the child.)

Name \_\_\_\_\_ Rel. to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Rel. to Child \_\_\_\_\_ Phone # \_\_\_\_\_

How did you learn about Paran Preschool? \_\_\_\_\_





# Paran Preschool

## 2019-20 ENROLLMENT CONTRACT

MDO  2-Day

3-Day  5-Day

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
*Last First MI Preferred*

**Yes, I would like to enroll my child** for the 2019-20 preschool year! I have chosen the following tuition plan:

- MDO 2day-\$165/mo.     MDO 3day-\$205/mo.     2-Day-\$195/mo.
- 3-Day-\$235/mo.     5-Day-\$295/mo.     Sibling Discount \$10/mo.

In return for my tuition payments, Paran Preschool will provide my child with classes during this 9-month period of September through May. Paran Preschool will continue to strive to provide the highest quality preschool care, at a reasonable cost, and will do everything in its power (excluding the forces of nature, loss of facility) to honor this agreement.

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name (Please Print)*

### Financial Agreement

\_\_\_\_\_ **I have read, understood and agree to be bound by the Policy Guide.**

*Initials* Please check the box above after reading our Policy Guide online under the Enrollment Tab <http://www.paranpreschool.com>

\_\_\_\_\_ I understand that acceptance of this Enrollment Contract, along with the payments of *Initials* \$100 enrollment fee and the last month (May) tuition payment of \$\_\_\_\_\_ ensures my child's place at Paran Preschool for the **2019-20** school year.

I understand that the enrollment fee is *non-refundable*. I also understand that **the security deposit/last month's (May) tuition is non-refundable after September 1<sup>st</sup>, 2019.** I understand and demonstrate this understanding by signing below that I have entered a **9-month contract** for my child to attend Paran Preschool.

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name (Please Print)*