



# 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) \_\_\_\_\_



# Paran Preschool

### 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

## Identity Verification

- MDO    2-Day  
 3-Day    5-Day

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

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

Proof of the child's identity and age may include a copy of the child's birth certificate, notification of birth (hospital, physician or midwife record), and/or baptismal record. While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_

Birth Certificate # \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
*Director's Signature Date*



# Paran Preschool

## 2020-21 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-\$170/mo.    MDO 3day-\$210/mo.    2-Day-\$200/mo.  
 3-Day-\$240/mo.    5-Day-\$300/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 **2020-21** 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>, 2020.** 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)*