



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

2021-22 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 2021-22 preschool year! I have chosen the following tuition plan:

MDO 2day-\$175/mo.

MDO 3day-\$215/mo.

2-Day-\$205/mo.

3-Day-\$245/mo.

5-Day-\$305/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 **2021-22** school year. Pay May 2021.

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 1st, 2021.** 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)