

Today's Date _____

Registration Fee _____

**South Gate Preschool
Registration Form
2024-2025**



Please fill in ALL Blanks

Child's Name _____ Preferred Name _____

Birthday (month/day/year) _____ Enrollment Date _____

Parent/Guardian information Home Language Spoken: _____

Name _____ Name _____

Email _____ Email _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Cell # _____ Home _____ Cell # _____ Home _____

Employer _____ Employer _____

Position _____ Position _____

Work Phone _____ Work Phone _____

Child lives with: _____ Mother _____ Father _____ Both _____ other _____

I'm Enrolling My Child for The Following Session: Please Check one.

4 and 5- Year-Old Class (Must be 4 by July 31st, 2024)

_____ Monday, Wednesday, Friday Tuition: \$190.00 a month
_____ Tuesday and Thursday Tuition: \$145.00 a month
_____ Monday thru Friday Tuition: \$315.00 a month

3 and 4- Year- Old Class (Must be 3 by July 31st, 2024)

_____ Monday, Wednesday, Friday Tuition: \$190.00 a month
_____ Tuesday and Thursday Tuition: \$145.00 a month
_____ Monday thru Friday Tuition: \$315.00 a month

18 months and 2- year- Old Class (18 months by September 1st, 2024)

_____ Monday, Wednesday, Friday Tuition: \$202.00 a month
_____ Tuesday and Thursday Tuition: \$152.00 a month.
_____ Monday thru Friday Tuition: \$340.00 a month

_____ Yes I have registered my child for LPS Preschool (awaiting acceptance)

*Enrollment fee is \$60.00 for the first child and \$30.00 for second child in the same family.

*Drop off for all class is from 8:45 a.m. to 8:55 a.m. Dismissal for all classes 11:30 a.m.

Siblings: Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Local Emergency Contacts (other than parents. Must include 2)

Name _____ Name _____
Address _____ Address _____
Cell # _____ Home # _____ Cell # _____ Home # _____
Relationship to Child _____ Relationship to Child _____

Persons permitted to pick up your child

Persons listed will need to show a valid driver's license before child will be released.

Name _____ Name _____
Cell # _____ Home # _____ Cell # _____ Home # _____
Relationship to Child _____ Relationship to Child _____

Neighborhood Walks

I hereby give South Gate Preschool permission to take my child on a walk around the preschool Neighborhood.

Signature of Parent/Guardian

Date

Consent to Contact Physician in an Emergency

In the event that I cannot be reached to make arrangements, I hereby give my consent to South Gate Preschool to Contact:

Name of Physician _____ Phone _____

Address

City

zip

And if necessary, call emergency personal. I prefer my child be taking _____
Hospital

Print Name to Acknowledge

Date

Child's Medical Information

Current Health status or any health problems caregiver should know? _____

Does your child require a modified diet or have an intolerance to food _____ No _____ Yes

If yes, please explain/details: _____

Does your child have any allergies _____ No _____ Yes If yes, please explain/details:

Allergic to _____ Reaction _____

Allergic to _____ Reaction _____

I understand that if my child is allergic to anything or has an intolerance to food, my child's information will be posted in his/her classroom. This posting is informational and intended to provide safety for my child.

Do you have any developmental concerns regarding your child _____ No _____ Yes

If yes, please explain/details: _____

Special concerns: (Glasses, Hearing Aids, Speech) _____

Immunization Records

In order for children to attend South Gate Preschool we require that ALL children are current with their immunizations. The Lancaster County Health Department require us to maintain current documentation of each child's immunization records. We **MUST** have a copy of your child's immunizations before they begin Preschool.

Please upload your child's immunization record along with the enrollment papers.

I certify that the above information is correct to the best of my knowledge.

Print Name to Acknowledge

Date

South Gate United Methodist Church/South Gate Preschool

Media Release Form

I, _____, grant permission to South Gate United Methodist Church and South Gate Preschool and their subordinates, to use my name and/or photographs for use in South Gate Preschool publications such as recruiting brochures, newsletters, and magazines and to use my name and/or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the South Gate United Methodist Church and South Gate Preschool website or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to compensation arising from or related to the use of the photograph.

I understand that South Gate United Methodist Church and South Gate Preschool cannot control the unauthorized use by persons other than South Gate United Methodist Church and South Gate Preschool of my image once such image is published. Any claim I may have concerning unauthorized publication of my image must be pursued by me against the unauthorized user. South Gate United Methodist Church and South Gate Preschool disclaims any responsibility for such unauthorized use of my published image.

Please check one of the following:

____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ I am the parent or legal guardian of the above-named child. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Permission and Receipts

_____ I have received South Gate Preschool Parent Handbook (Found on Preschool Website)

_____ I have received a Parent Information Brochure from DHHS (Found on Preschool Website)

_____ I give my permission for my child's name, parents name, address, and phone number to be listed in a class directory, to be distributed to other families in my children's class. For the purpose for scheduling play dates with classmates, birthday parties, and other social events between parents.

Enrolled Child (ren's) Names: _____

Parent/ Guardian Names: _____

Date: _____