



Enrollment Application

OFFICE USE ONLY

Registration Date _____
 Starting Date _____
 Registration Fee _____
 Tuition Amount _____
 Total Paid _____

Today's Date: _____

Expected Starting Date: _____

(Please check the appropriate class for your child)

Newborn Toddler 3 Year Old Class 4 Year Old (Pre-Kindergarten)

Date of Birth: _____ Male Female

Has your child ever been enrolled in any preschool or daycare before? Yes No

If yes, please list the last school that your child attended. _____

How did you hear about Promise Land Preschool? _____

Are you a tithing member of Hopewell Church? Yes No

If you are not a member of FCH, what church do you attend?

STUDENT INFORMATION	Student Name: _____	Nickname: _____
	Home Address: _____	
	Street Address _____	
	City _____	State _____ Zip _____
	Home Phone: _____	Other Phone: _____
	Place of Birth: _____	Social Security No.: _____
	Please list the names and ages of student's siblings.	

PARENTY/GUARDIAN INFORMATION	Parent/Guardian #1: _____
	Relationship to Student: _____ Live with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: _____
	Street Address

	City State Zip
	Home Phone: _____ Other Phone: _____
	Employer: _____ Work Phone: _____
	Will this person be the billing party? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Parent/Guardian #2: _____
Relationship to Student: _____ Live with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____	
Street Address	

City State Zip	
Home Phone: _____ Other Phone: _____	
Employer: _____ Work Phone: _____	
Will this person be the billing party? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECONDARY PICK UP	➔➔Your child will not be released to any person other than name listed below◀◀
	Name #1 _____
	Primary # _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell Secondary # _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell
	Relationship to Student: _____ Live with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer: _____ Work # _____
	Name #2 _____
	Primary # _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell Secondary # _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell
	Relationship to Student: _____ Live with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer: _____ Work # _____

MEDICAL INFORMATION

Name of your child's physician or clinic: _____
Physician or clinic phone: _____
Physician or clinic address: _____
Name of medical insurance: _____
Date of last medical examination: _____
Are there any physical conditions or allergies that we should know about? Yes No
If yes, please list: _____
Is your child taking any prescribed medicine? Yes No If yes, please list below: _____

EMERGENCY CONTACT

ALTERNATIVE PERSONS TO CONTACT IN CASE OF AN EMERGENCY

Name #1 _____
Primary # _____ Home Cell Secondary # _____ Home Cell
Relationship to Student: _____ Live with student? Yes No
If not, address: _____

Name #2 _____
Primary # _____ Home Cell Secondary # _____ Home Cell
Relationship to Student: _____ Live with student? Yes No
If not, address: _____

I understand that any false information on this application could be sufficient cause to be denied enrollment or to be dismissed from Promise Land Academy.

Signature of Parent or Guardian

Date

COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ENROLLMENT ACCEPTANCE BUT PROVIDES INFORMATION UPON WHICH A FINAL DECISION WILL BE MADE.

PROMISE LAND PRESCHOOL

Consent Acknowledgement

A Ministry of Hopewell Church

Please read each of the following statements and sign at the bottom:

In the event of an emergency, Promise Land Preschool has my permission to make use of emergency paramedics that may take my child to the closest available emergency facility as dispatched by their supervisors.

I understand that my child will participate in a wide range of activities while attending Promise Land Preschool, which include character building stories from the Bible and simple prayers.

I have read and agree to adhere to the parental regulations stated in the Promise Land Preschool Handbook.

I have read and agree to adhere to the discipline policies stated in the Promise Land Preschool Handbook and the Promise Land Preschool Discipline Philosophy and Policies statement.

I give permission to Promise Land Preschool for my child to participate in activities anywhere on the property of Promise Land Preschool and Hopewell Church.

I am aware that tuition payments must be paid for every week, regardless of holidays or illness. Payments cease only upon withdrawal. I am also aware that the registration fees in **NON-REFUNDABLE** and that there are no exceptions.

I am aware that weekly preschool payments are to be paid on the **Friday morning** preceding the week that service is rendered. I am also aware that I will be subject to a late fee if I fail to pay on the prescribed day. (“the preceding Friday morning”)

I am aware that I must notify a Promise Land Preschool staff person if anyone, other than those people previously listed on my registration form, desires to pick up my child/children. I understand that my child/children will not be released to any unauthorized persons. (Identification will be required.)

Name (print)

Signature

Date

PROMISE LAND PRESCHOOL Discipline Philosophy and Policies

A Ministry of Hopewell Church

Promise Land Preschool Discipline Philosophy

Promise Land Preschool believes that positive and effective methods of discipline help to maintain a healthy environment conducive to learning and development, in addition to building strong character in children. Therefore, all Promise Land Preschool students are disciplined for the purpose of correction and training, and not for useless arbitrary punishment. We, at Promise Land Preschool, do not believe in using corporal punishment, belittlement, or other meaningless task as means of discipline.

Promise Land Preschool Discipline Policy

The following steps will be taken when a student is disciplined:

1. The negative behavior is privately discussed with the child including an explanation of why that particular behavior is unacceptable. Possible solutions to this behavior are discussed as well.
2. If a child continues to display the same negative behavior, a short period of timeout will be administered and the child's parent(s) will be notified.
3. If items 2 and 3 are not effective, the supervising adult will consult the preschool director to determine further actions. This may result in an interview by the director with the child and his/her parents.
4. If this behavior continues and is dangerous or disruptive to other children in the preschool, the director and/or administrator may request that the parent(s) have the child psychologically evaluated by a state licensed psychologist and/or may request that the child be removed from preschool
5. "Spanking" is not a discipline option at Promise Land Preschool.

I have read the "**Promise Land Preschool Discipline Philosophy and Policies**" statement and agree with all stated courses of discipline as well as Promise Land Preschool's discipline philosophy.

Name (print)

Signature

Date

PROOF OF INSURANCE COVERAGE

Promise Land Preschool carries the necessary insurance coverage required for its operation and minimal individual accident insurance coverage for my own child. In addition to the minimal insurance carried by Hopewell Church, my child, _____ is fully covered by my own health insurance policy.

Insurance Company

Policy Number

Insurance Company Phone Number

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



A Ministry of Hopewell Church
3990 Loretto Road
Jacksonville, FL 32223
(904) 288-9700
Maxine Williams, Director

CONSENT OF RELEASE

I hereby, authorize the videotaping of my child, _____
and/or the release of his/her name and achievement(s) for educational and other
bona fide related purposes, and consent to the showing of these to any person(s). I
also authorize the use of the videotape and/or other information in printed matter or
other media for presentations of the Promise Land Preschool without further
consent from me. I agree that such pictures shall be the property of the Promise
Land Preschool.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Billing Party Information

Student(s) Name: _____

Name of billing party: _____

Billing Party Social Security Number: _____

Primary # _____ Home Cell Secondary # _____ Home Cell

Address: _____

Street Address

_____ City

_____ State

_____ Zip

Payment Policy

Payments are due on the preceding Friday before 6:00 P.M. Any payment received after 6:00 P.M. Friday will incur a \$15.00 late fee per child.

All payment should be submitted to the Preschool Office or placed in the designated payment boxes. Checks should be made payable to the Promise Land Preschool. Please write your child’s name on your check including the last name if different from the last name indicated on your check.

There is a \$29.00 fee for checks returned to us by your bank. Future payments will be accepted in cash or money order only. We do not re-deposit returned checks.

****Any balance left unpaid after withdrawal or termination will be submitted to the attorney representing Promise Land Preschool for collection. The parent will then be required to pay the balance due as well as any fees incurred in the collection process including attorney’s fees.**

I have read and agree to adhere to the payment policy established by Promise Land Preschool.

Parent/Guardian Signature

Date



Health Agreement

At Promise Land Preschool, we want all of our children to be in safe and healthy learning environment. We are open to students who are well. Please do not bring your child to school if he/she is sick. It is unfair to the other children as well as the staff.

If your child has any of the following illnesses, please do not bring them to school:

1. Severe coughing, causing the child to become red or blue in the face
2. Severe runny nose (yellow or greenish color)
3. Vomiting
4. Diarrhea (more than 2 abnormally loose bowl movements within a 24hr period)
5. Temperature of 101 degrees Fahrenheit or higher
6. Conjunctivitis (pink eye)
7. Ringworms
8. Difficulty or rapid breathing
9. Stiff neck
10. Exposed or open skin lesions
11. Unusually dark urine and/or gray or white stool
12. Yellowish skin or eyes
13. Any other unusual sign or symptoms of illness

When your child is absent due to illness, please notify the preschool. A doctor's note will be required if we feel necessary. A daily health check will be kept on each child and placed in his/her personal file.

Parent Signature _____

MGMT Signature _____



Authorization Form
School Year 20 ____ - 20 ____

I hereby certify that I am the legal parent/guardian of _____
(Child's First and Last Name)

And give my permission for the following:

PLEASE READ AND INITIAL EACH SECTION FOR PERMISSION

TERMINATION POLICY _____

In the event Promise Land Preschool has to close for unforeseen circumstances, we will transfer appropriate records in ample time.

PHOTO RELEASE _____

I give my permission for my child's photograph or video image to be taken while he/she is enrolled at the Promise Land Preschool. Such images may be posted in classrooms or other appropriate places within the school, used in school presentations or promotional materials and in the yearbook. I understand that I may terminate the permission at any time in the future by notifying the school office in writing.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE _____

In order to meet all legal requirements, I hereby authorized the director of Promise Land Preschool, or the person in charge in the event of her absence, to give my consent for any and all necessary emergency medical treatment for my child while said child is in said individual's custody.

In the event of serious illness or accident, and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic or hospital for immediate attention. I also guarantee payment of all charges incurred as a result of this medical treatment.

AUTHORIZATION TO TRANSPORT _____

I give my permission for the transport of my child for field trips. In the event of an emergency that requires the school to vacate the premises and I or my contacts are unreachable. I hereby authorize the director of Promise Land Preschool, or the person in charge in the event of her absence, to transport my child to a safe environment until I can be reached.

INFORMATION:

Allergies to food, medication, etc. (if none, so state): _____

Special medical problems (if none, so state): _____

Family Physician _____ Office Phone _____

Office Address _____ City _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____

Insurance Company (if none, so state): _____

Insurance Policy of Group Number: _____

Signature of Parent/Guardian – **in the presence of a notary**

_____ Date

State of Florida

County of _____

Sworn to and subscribed before me in the aforementioned State and County this ____ day of ____, in the year ____, personally appeared _____ who is personally known to me or who has produced Florida Driver's License # _____ as identification and who did not take an oath

Notary Public, State of Florida

Commission Number: _____

Commission Expires: _____