

Start date _____

BC _____ SR _____

Spring Hill Academy Preschool Enrollment Application Form

Child's Full Name: _____

Birth date: _____ Gender: _____ Social Sec #: _____

Name: Mother _____ Name: Father _____

Address: _____ Address: _____

_____ zip _____ _____ zip _____

Drivers License# _____ Drivers License# _____

SS# _____ SS# _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Emergency Contacts & People Permitted to Pick Up Child (other than above named)

Family Physician: _____ Phone: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Enrollment Agreement

I hereby give my consent to have my child treated by a physician for medical or surgical care should an emergency arise.

I agree to pay the tuition due in advance, on a weekly basis, for the time my child is enrolled. I understand that I may withdraw at any time by notifying the school, in writing, two weeks in advance. Withdrawal is effective the Friday of the second week, and all fees are payable upon other absences. I agree to pay all fees associated in any way with the collection of any unpaid tuition and/or fees.

I hereby give my consent to have my child photographed and his/her picture placed on display at the preschool, on the school website, used for marketing and teacher training purposes, reproduced and printed in our annual Yearbook, and used in our annual Christmas and Spring Program DVDs.

I have received a copy of the Department of Education "Childcare Approval Requirements" for preschools and a copy of the SHA Parent Policies and Child Abuse Policy statement and agree to abide by those policies. I also agree to confer with the school first if I have any questions or problems, as required by Matthew 18:15.

I certify that this application is correct.

Parent or Guardian's Signature _____
Date