

Swift Church Preschool

2019-2020 Registration Form

Family Information

Child Name: _____ Birth Date _____ M F (circle one)

Parent/Guardian

Name _____

Address _____

City/State/Zip _____

Cell _____

Work _____

Email (optional) _____

Parent/Guardian

Circle if same as other parent

Name _____

Address _____

City/State/Zip _____

Cell _____

Work _____

Email (optional) _____

Emergency Contacts *(other than parents)*

Primary _____

Contact _____

Relationship _____

Cell _____

Work _____

Secondary _____

Contact _____

Relationship _____

Cell _____

Work _____

Medical Emergency Preferences

Hospital/Clinic _____

Physician _____

Physician's Phone _____

Insurance

Primary

Ins. Company _____

Insured's name _____

Insured's DOB _____

Secondary

Ins. Company _____

Insured's name _____

Insured's DOB _____

**** Please supply a copy of current insurance card(s) with group ID, group number, insured's name, etc.**

Pick-up and Drop-Off Permission

The following person(s) are allowed to pick-up and/or drop/off my child:

Name	Relationship to child

Please contact the daycare should you need someone NOT listed to pick-up your child. They will need to show a picture ID. Until we get to know your contacts, there may be other occasions when we ask for picture ID. Please accept our apology. We strive to ensure the safety of all the children in our care.

Enrollment Options		
Swift Church Preschool offers enrollment in several ways. Parents have the opportunity to request enrollment in the following ways:		
Full Time M-F	(all ages)	\$550 per month August – May
Part Time M ,W, F	(ages 1-3 only)	\$330 per month August – May
Part Time T & TH	(ages 1-3 only)	\$220 per month August - May

I wish to enroll my child as: (circle one):

Full Time Student

Part Time Student (M, W,F)

Part Time Student (T & TH)

Monthly Enrollment Contract

I, _____, have read the enrollment pack and agree to abide by all policies and procedures set forth in that packet. I commit my child, _____, as a _____ student, for _____ days each week. Tuition is due Monday by noon for the current month. I understand that if my child does not come, for any reason, tuition will still be due by noon on Monday each month. Two weeks notice or two weeks tuition is required for withdrawal or change in scheduled days.

By signing this contract I understand that whether or not my child attends, I am obligated to pay for the days which I have committed my child to come.

Signature of Parent/Guardian: _____

Date: _____

Office Use Only

Total amount due each month: _____ Days attending (please circle): M Tu W Th F

Registration Fee Paid: Yes ___ No ___ Payment type: Cash _____ Check _____ Check # _____

Starting Date: _____ Withdrawal Date: _____

Swift Church Preschool

Health Statement

Name of Child _____ Birth Date _____

Medical History Report

This report states that to my knowledge, my child is physically and emotionally equipped to participate in preschool.

Please check any the child listed above **currently has or recurrently had**:

____ Asthma ____ Sinusitis ____ Bronchitis ____ Kidney Trouble

____ Diabetes ____ Dizziness ____ Hay Fever ____ Stomach Upset

____ Heart Trouble ____ Seizures

Special Diet: _____

Allergies: (Food) _____

Allergies: (Medicine) _____

Allergic to: ____ Insect stings/Bites, __ Poison Sumac __ Poison Oak __ Poison Ivy

Previous Operations or serious Illness _____

Current Medications being taken: _____, _____

Childhood Diseases: ____ Chickenpox ____ Measles ____ Mumps ____ Whooping Cough

Parent Signature

Date

****Please submit a [Blue Card](#) with this form obtained from your physician or clinic.**

Swift Church Preschool

Medical-Permission & Release Form

Child's Name _____

Date of Birth _____ Child's SS# _____

Address _____ City _____ State _____ Zip _____

Parent or legal guardian name _____

Alternate parent or legal guardian name _____

I, the undersigned, am the parent and/or legal guardian of the above named child. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Swift Church Preschool, Foley, Alabama and its director, other staff person or other adult in charge to obtain necessary medical attention in case of sickness or injury to my child. Permission is granted for my child to be taken to any medical facility, hospital or doctor's office deemed appropriate by the **Swift Church Preschool** staff, emergency care personnel and/or consulting physician, and I give my consent for any and all treatment for my child when the child is in this individual's care. I the undersigned, do hereby verify that the above information is correct and I do hereby release and hold harmless Swift Church Preschool and Swift Presbyterian Church, Foley, Alabama, its officers, trustees, agents, and employees from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury in connection with or arising out of the child care service.

Parent/Legal Guardian Signature

STATE OF ALABAMA COUNTY OF BALDWIN

On this ____ day of _____, 20__, _____, personally known by me and in my presence, executed the within and foregoing Medical-Permission & Release Form. Witness my hand and official seal on this ____ day of _____, 20__. My commission expires on _____.

(Notary Public)

(Seal)

LIABILITY WAIVER AND RELEASE

We, _____ and _____ the undersigned, are the parents and/or guardians of _____.

Swift Presbyterian Church, its officers, trustees, agents, staff, members, volunteers, employees and any successors are collectively defined and will hereby referred to as **“Swift Presbyterian Church”**.

In exchange for providing child care service to my child/ren, we do, for ourselves, our child/ren, and our heirs, executors, administrators, personal representatives, successors and assigns, knowingly, freely and voluntarily waive any right, claim, demand, action, cause of action, suit, controversy and liability of any kind or nature whatsoever against **Swift Presbyterian Church**, as a result of our participation in the child care program.

Swift Presbyterian Church does not own or operate any entity which provides, or is to provide, goods or services including, for example, facilities, food service providers, etc. As a result, Swift Presbyterian Church is not liable for any negligent or willful act or failure to act of any such third person, or any other third party.

Furthermore, we agree that we, individually or jointly, will never institute any suit or action at law or otherwise against **Swift Presbyterian Church**, nor institute or prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of service, injury to person and/or loss or damage to property, whether developed or undeveloped, resulting or to result, known or unknown, which we or our child/ren ever had, now have or which we or our child/ren, our heirs, executors, administrators, personal representatives, successors and assigns, shall or may have been or may have by reason of our participation in the child care program provided by **Swift Presbyterian Church**.

Should there be any dispute on or resulting from this Agreement, an arbitration institution in a State to be agreed upon by both parties will be sought to adjudicate any such dispute.

Parent/Guardian Signature

Date _____

Parent/Guardian Signature

Date _____

STATE OF ALABAMA)
COUNTY OF BALDWIN)

I the undersigned notary public in and for said county and state, hereby certify that _____, whose name is signed to the foregoing instrument and who is known to me, acknowledge before me on this day that being informed of the contents of the said instrument, he/she executed the same voluntarily on the same bears date.

Given under my hand and official seal on this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____

(Seal)

Form of Affidavit for Parent/Guardian

STATE OF ALABAMA

COUNTY OF BALDWIN

Before me, a notary public in and for said state and county, appeared

_____ (parent/guardian) and is known to me, after being duly sworn of affirmed, says as follows:

That affiant is the parent or legal guardian of the minor _____ (student);
that affiant has been notified by _____, a representative of Swift Church
Preschool, that said church or school has filed notice and is exempt under the terms of law Code of
Alabama 1975, Section 38-7-3 from regulation by the Department of Human Resources.

Signature Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this ____ day of _____, 20____.

Witnessed by my hand and official seal.

Notary Public

(Seal)

My commission expires on _____.