

# Southland Christian Preschool

## Student Enrollment



Enter Date \_\_\_\_\_  
Exit Date \_\_\_\_\_

Student's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ carried by (mom) (dad)

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birthplace \_\_\_\_\_ Age at enrollment \_\_\_\_\_  
Mo Day Yr City and State

Previous preschool \_\_\_\_\_  
Name Address City

General description of health \_\_\_\_\_

Medication taken/used on a regular basis \_\_\_\_\_ Allergies \_\_\_\_\_

Child's doctor \_\_\_\_\_ Dr's office phone (\_\_\_\_) \_\_\_\_\_ Insurance \_\_\_\_\_

Dr's address \_\_\_\_\_  
Street City Ins. policy # \_\_\_\_\_

Mother's name \_\_\_\_\_  
First Last (if different than child's) Social Security number

Employer \_\_\_\_\_  
Company name Address City Phone Ext

Father's name \_\_\_\_\_  
First Last (if different than child's) Social Security number

Employer \_\_\_\_\_  
Company name Address City Phone Ext

Marital status ( ) married ( ) separated ( ) divorced ( ) other If divorced or separated explain any rights or restraints the noncustodial parent has, other than normal visitation rights \_\_\_\_\_

Typical behavior when angry \_\_\_\_\_

Has any special testing been recommended or given at a previous school? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Has this child had behavioral problems at a previous preschool? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Denomination or church affiliation \_\_\_\_\_ Church attending \_\_\_\_\_ City \_\_\_\_\_

Pastor's name, or other reference from the church \_\_\_\_\_

Is your family participation at church active? ( Y ) ( N )

Family church attendance is: ( ) Faithful ( ) Fairly consistent ( ) Occasional ( ) Rare

I give permission for my child to be released to the following individuals

_____	_____	(____) _____
Name	Relationship	Phone
_____	_____	(____) _____
Name	Relationship	Phone
_____	_____	(____) _____
Name	Relationship	Phone
_____	_____	(____) _____
Name	Relationship	Phone

I give the following adults authorization to grant emergency treatment for my child:

_____	_____	(____) _____
Name	Relationship	Phone
_____	_____	(____) _____
Name	Relationship	Phone
_____	_____	(____) _____
Name	Relationship	Phone

Out-of-state person to contact in the event of a major earthquake

_____	_____	(____) _____
Name	Relationship	Phone

AGREEMENTS AND AUTHORIZATIONS

- I have received and read the Southland Christian Preschool (SCP) Parent Handbook. By signing this form I understand, agree to, and will comply with all policies listed therein and with other school policies that may not be listed therein.
- I authorize my child to participate in all school sponsored activities, including off-campus field trips.
- I authorize the administration of First Aid or any needed emergency medical treatment to my child.
- I agree to SCP's Expectations of Parents and Home Environment, Correction policies, and Financial Policies.
- I understand that Community Care Licensing has authority to interview my child and inspect his/her records without prior parental consent.
- It is my responsibility to provide the following completed and signed forms *prior* to the first day of school:  
Preschool Enrollment form (this form)      Preadmission Health Screening form  
Personal Rights of the Child form      Authorization to Treat a Minor form
- SCP is a Christian preschool, and as such believes that the Bible commands us to make every effort to live in peace, and resolve disputes with each other in private or within the Christian church (see Matt.18:15-20.) Therefore, I agree with SCP that any claim or dispute arising from enrollment, attendance, or issues relating to these Agreements and Authorizations shall be settled by biblically based mediation and, if necessary legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation. Judgement upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

BY SIGNING BELOW I ACCEPT AND AGREE TO THE AGREEMENTS AND AUTHORIZATIONS LISTED ABOVE.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date