

**APPLICATION FOR ADMISSION**  
**ASBURY PLAYSCHOOL**  
**1331 Hwy 42**  
**Petal, MS 39465**

**2017-2018 SCHOOL YEAR**  
**(PLEASE TYPE OR PRINT)**

STUDENT'S FULL NAME:

\_\_\_\_\_  
LAST                      FIRST                      MIDDLE                      GOES BY

HOME ADDRESS:

\_\_\_\_\_  
STREET                      CITY                      STATE                      ZIP CODE                      HOME PHONE

DATE OF BIRTH: \_\_\_\_\_ AGE AT ENROLLMENT: \_\_\_\_\_ SEX: \_\_\_\_\_

**IS YOUR CHILD POTTY TRAINED?** \_\_\_\_\_ **MS State requires changing tables in classrooms that have diapers/pull-ups to change. Due to the unusual amount of attention it would require of the one single teacher in those classrooms, it is a policy of Asbury Playschool that each child must be FULLY potty trained to be in our 3 and 4 year old class.**

**Before a child can start in the 3 or 4-year old class they must go to/ask to use potty on their own, pull pants down and up and wipe bottoms as needed.**

ALLERGIES/HANDICAPS/SERIOUS ILLNESS: \_\_\_\_\_

FATHER'S NAME:

\_\_\_\_\_  
LAST                      FIRST                      MIDDLE                      CELL PHONE

HOME ADDRESS IF DIFFERENT FROM ABOVE:

\_\_\_\_\_  
STREET                      CITY                      STATE                      ZIP                      HOME PHONE

BUSINESS PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

MOTHER'S NAME:

\_\_\_\_\_  
LAST                      FIRST                      MIDDLE                      CELL PHONE

HOME ADDRESS IF DIFFERENT FROM ABOVE:

\_\_\_\_\_  
STREET                      CITY                      STATE                      ZIP                      HOME PHONE

BUSINESS PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I give permission to Asbury Playschool to share my email address with Asbury children's ministry \_\_\_\_\_

**EMERGENCY CONTACTS**

NAME: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**IN THE EVENT AN EMERGENCY OCCURS, AN AMBULANCE WILL BE CALLED**

**CHILD PICK-UP AUTHORIZATION**

The persons listed below are authorized by the parents or guardians to pick up and drop off the child named on this enrollment form. The enrolled child may only be released to individuals on this list. Proper I.D. must be shown if a parent authorizes someone that is not listed below to pick a child up from Asbury Playschool.

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

**NON-REFUNDABLE FEE SCHEDULE**

**Registration, supply, and Asbury bag fee: \$190.00 – Due upon registration**

**Registration fee and supply fees are also due annually each February**

**Monthly Tuition: \$150.00 – Due on the 1<sup>st</sup> Tuesday of each month, late 5 days after due day.**

**Your registration and supply fee DOES NOT cover September tuition.**

- Tuition is due on the first Tuesday of each month. A \$10.00 late fee is assessed if tuition is received 5 days after due day. If it is necessary to make a late payment, discuss it with the Director, so that arrangements can be made and a late fee will not be assessed. All bank fees will be assessed for any returned check.
- Two weeks notice is appreciated if a child will be withdrawn from Asbury Playschool; however, the parent is required to pay for the full month in which the child is withdrawing. If for any reason a child misses several weeks or even a month of school he/she will be required to pay the full tuition for that month if they are to remain enrolled. All nine months of the school year are considered to be full months for purposes of tuition regardless of holidays, sickness, bad weather days, or off days for any reason. Tuition will not be pro-rated for any reason.

**MISCELLANEOUS**

	<b>Initial</b>
I have read a copy of the Parent Handbook which is posted on the website.	Yes ____ No ____
I understand that Asbury Playschool does not maintain liability insurance for injury or accidents while at the Playschool.	Yes ____ No ____
Photography authorization ; I give my permission for the child listed on this application to be photographed or videotaped while in attendance at Asbury Playschool.	Yes ____ No ____
I give my permission for the child listed on this application to participate in field trips sponsored by Asbury Playschool. I understand that I will have to sign a permission slip for each field trip.	Yes ____ No ____
I authorize Asbury Playschool to obtain any and all medical treatment to be performed as deemed necessary by licensed medial personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses.	Yes ____ No ____

**FOR OFFICE USE ONLY**

Date of Enrollment \_\_\_\_\_

Certificate of Immunization Form 121

Yes \_\_\_\_ Date Received \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_

Reason \_\_\_\_\_

Playschool Director's Signature \_\_\_\_\_ Date \_\_\_\_\_