## COUNTRY PLACE PRESCHOOL KIDS UNLIMITED

Child's Name	Sex	Birthdate		
Home #	Cell #	Date of Admission		
Person with whom child li	ves			
Father	Address _			
Mother				
Mother's Place of Employment		Tel No		
Father's Place of Employment				Tel No
Individuals to contact in c	ase of emergency:			Tel No
Tel No		Tel I	No	
				#
Child's Dentist		Dentist's Phone #		
Does your child have any		Yes	No	
Does your child have any				
Does your child have any	•			
Please explain any "yes" a	nswer here:			
Any Behavioral Issue? Biting Hitting _				
Has your child ever been Previous Center for a Refe	•			es No
Self-Pay or State Pay for T	uition?			
these individuals that the	addition to emergenc	y contac	t persor	is listed above. (Please notify

Parent aggress to pay all tuitions, fees, and other charges *in advance*, to be responsible for maintaining his/her account with the facility and to pay interest in the amount of ten per cent per month on any unpaid balance. Parent specifically agrees to pay reasonable attorney fees and/or court costs in the event it should become necessary to place this account in the hands of an attorney.

Parent further agreed upon tuition must be paid even if the child does not attend any or all the days which this child is enrolled for. Tuition becomes due and payable promptly on the Monday of each week in advance.

The parent may cancel this agreement with a two-wounderstands all fees and tuitions are payable through	
	(Parent) (Date)
I authorize Country Place Preschool/Kids Unlimited t is in the facility sponsored field trip and to administe treatment for my child if I cannot be reached.	r and/or obtain emergency medical
Parent Signature	Date:
I have received a written description of Country Plac policies.  Parent Signature	
I authorize Country Place Preschool/Kids Unlimited t Parent Signature	o transport my child to/from school.
I give permission for Country Place Preschool/Kids U child for Facebook.  Parent Signature	nlimited to release a Photograph of my
Father's E-Mail Address:  Mother's E-Mail Address:	

Note: Fill in all lines on both sides of card with required information or write N/A (Not Applicable). DO NOT leave any blank lines.