



Paradise for Tots Christian School
SUMMER 2021
June 7th-July 30th
 (Preschool ages 2 years old—Pre K)

Office Use:
 In Book: _____
 In QB: _____



Child's Name: _____

Date of Birth _____ Female Male

Mom's Name: _____ Dad's Name: _____

Address: _____ City _____ State _____ Zip _____

(EMERGENCY BLUE CARD ON BACK OF FORM—MUST BE COMPLETED)

Cell Phone: (Mom) _____ (Dad) _____

Work Phone: (Mom) _____ (Dad) _____

E-mail: _____

Start Date: _____

Days to attend: M ___ T ___ W ___ TH ___ F ___

New Enrollment Returning

Full Time Part Time

Registration Check List:

- Registration Form
- Blue Card & Immunization Records
- Automatic Payment Form

2nd E-mail: _____

For Office Use

Date: _____

Check #/Amount: _____

Blue card/immunization returned _____

OR Updated Blue Card: _____

Room # _____

Withdraw date: _____

Summer Preschool Registration

Summer Tuition Fees (Check applicable tuition price)

Extended Care hours: 7:00 a.m.—9:00 a.m. & Noon—6:00 p.m.

Preschool hours: 9:00 a.m.—Noon

- | | |
|--|---|
| <input type="checkbox"/> FT- 5 days/week...\$745.00/mo | <input type="checkbox"/> PT-5 days/wk...\$360.00/mo |
| <input type="checkbox"/> FT- 4 days/week...\$635.00/mo | <input type="checkbox"/> PT-4 days/wk...\$335.00/mo |
| <input type="checkbox"/> FT- 3 days/week...\$545.00/mo | <input type="checkbox"/> PT-3 days/wk...\$300.00/mo |
| <input type="checkbox"/> FT-2 days/week... \$390.00/mo | <input type="checkbox"/> PT-2 days/wk...\$240.00/mo |
- (Includes before & after care) (Preschool hours only)

SUMMER REGISTRATION FEE.....\$65.00

A registration fee must accompany all registrations to reserve your child's place in class. The registration fee is a one time, non-refundable fee. To withdraw your child, a two-week written notice is required. Otherwise, tuition will be due for the current month. A withdrawal form is available in the school office.

Emergency Card Information:

I authorize the following individuals to collect my child from the facility if I cannot be contacted:

Name:	Address: (#, Street, City)	Phone:

THE FOLLOWING INDIVIDUALS MAY NOT REMOVE MY CHILD FROM THE FACILITY: _____

IN CASE OF INJURY OR SUDDEN ILLNESS. I REQUEST THAT THIS INDIVIDUAL BE CALLED FIRST: _____

Medical Information:

DOCTOR:	Address: (#, Street, City)	Phone:
HOSPITAL:	Address: (#, Street, City)	Phone:
I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for my child's health and safety.	It is understood by me that the expense of this service will be accepted by me.	

Does your child have insurance coverage? ___ No ___ Yes

Allergy Information:

Is child allergic to food or other substances? ___ No ___ Yes
 If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:

Is child usually susceptible to infections and if so, what precautions need to be taken? ___ No ___ Yes
 If yes, list precautions:

Is child subject to convulsions and what should be our procedure if one occurs? ___ No ___ Yes
 If yes, specify procedure: _____

Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ___ No ___ Yes

_____ (initial) **I DO NOT want my child photographed or on video for school related activities or on PFT's private Facebook for parent reminders and updates. (Initial to confirm)**

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian Printed Name:	SIGNED Name:	Date:
_____	_____	_____