

PRESBYTERIAN CHRISTIAN SCHOOL PRESCHOOL

4901 Hardy Street
Hattiesburg, MS 39402
(601) 450-0189

FOR OFFICE USE ONLY:

Student Number: _____
Date Received: _____
Reg. Fee Paid: _____
Supply Fee Paid: _____
First Tuition Paid: _____
Date of Withdrawal: _____

(Please print and type)

SCHOOL YEAR _____ CIRCLE ONE: PreK-3 PreK-4

STUDENT'S FULL NAME _____
LAST FIRST MIDDLE GOES BY

HOME ADDRESS _____
STREET CITY COUNTY ZIP

DATE OF BIRTH _____ AGE _____ SEX _____

Will Student be enrolled in the APPLE Enrichment Program (for 4 Year Olds only): _____

Will Student be enrolled in the Brown Baggers Program (for all ages) _____

PUBLIC SCHOOL DISTRICT IN WHICH YOU LIVE: _____

REASON FOR APPLYING FOR ENROLLMENT OF YOUR CHILD AT PCS PRESCHOOL:

SERIOUS ILLNESSES: _____

HANDICAPS (PHYSICAL or MENTAL): _____

PERSON RESPONSIBLE FOR TUITION PAYMENTS: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET CITY STATE ZIP PHONE NUMBER

BUSINESS ADDRESS: _____ BUSINESS PHONE #: _____

OCCUPATION: _____ EMPLOYER: _____

In case of EMERGENCY (If parents unavailable) call: _____ Phone#: _____

WITH WHOM DOES THE STUDENT RESIDE (If other than both parents):

LAST FIRST MIDDLE RELATIONSHIP

Use "Same" if applicable

FATHER'S NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY STATE/ZIP

HOME PHONE # _____ EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

BUSINESS PHONE _____ CELL PHONE/PAGER _____

MOTHER'S NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY STATE/ZIP

HOME PHONE# _____ EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

BUSINESS PHONE _____ CELL PHONE/PAGER _____

PATERNAL GRANDPARENTS _____ PHONE _____

HOME ADDRESS _____

MATERNAL GRANDPARENTS _____ PHONE _____

HOME ADDRESS _____

*** NO TEACHER REQUESTS PLEASE ***

ADMISSION POLICY

PCS Preschool seeks to admit students of any race, color, national and ethnic origin, and grants to them all of the rights, privileges, programs and activities generally accorded or made available to full time students in the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration policies, scholarships and loan programs, athletic, and other school-administered programs. However, the Board of Directors reserves the right to deny admission to any student where it is reasonable calculated that such an admission might create adversity, conflict or opposition to the school's adopted "Articles of Faith", "Statement of Education Philosophy" or "Christian World Life View Goals". A child must be potty trained in order to attend PCS Preschool.

APPLICANT'S BROTHERS AND SISTERS

Name

Present Age

Present Grade

Present School

FAMILY CHURCH MEMBERSHIP AT _____

STUDENT'S MEDICAL HISTORY:

1. Does your child have any physical or emotional problem which requires special medication or attention? _____

Briefly explain _____

2. Does your child have any type allergic reactions? _____

Briefly explain _____

CONSENT FOR MEDICAL TREATMENT:

Should my child become ill or injured while under school supervision, I approve of the school administering minor or incidental first aid such as Tylenol. In the event of a more serious illness or injury, I authorize PCS Preschool to:

- Contact a parent or legal guardian of the student and follow his/her instructions.
- In the event a parent or legal guardian of the student cannot be reached immediately, the School authorities are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the hospital or medical facility for consultation and/or treatment. Such transportation is to be done either by school provided transportation or, if the school officials deem it preferable, by ambulance. For information only, the name of my child's physician is:

Dr. _____ Phone Number: _____

- If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the principal or his designated representative to furnish on my behalf such written or oral authorization as may be so required.
- Furthermore, I release the Director or her designated representative and Presbyterian Christian School Preschool, the First Presbyterian Church, and their employees and members from any liability which might arise as the result of medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to indemnify and hold the same harmless from any expense or damage incurred for said treatment or services.

Mother's signature _____ Date _____

Father's signature _____ Date _____

SPECIAL PROBLEMS: _____

SPECIAL NEEDS: _____

IMMUNIZATION RECORDS WITH DATES (COPY OF Form 121) ARE REQUIRED FOR ADMISSION

The Staff of PCS Preschool will do everything possible to give your child every protection while he or she is in our preschool program and on supervised field trips. However, regardless of the care taken, accidents happen. In the even of an accident, neither the Staff, School, nor Church will be held liable for these accidents.

In the event that an emergency develops and neither parent can be reached, the child will be taken to the doctor you specify:

Dr. _____ Phone Number: _____

The undersigned understand and agree to the above terms and will in no way hold the Staff, School, or Church responsible for said accidents.

Mother's signature: _____ Date: _____

Father's signature: _____ Date: _____

FEE SCHEDULE:

3 Year Olds: Registration Fee: \$150.00 – Due upon registration
 Monthly Tuition: \$125.00 – Due by 15th of each month
 Materials Fee: \$125.00 – Due July 15th

Early Morning Care (All Ages): \$5/day
Drop off time: 7:45 a.m.

4 Year Olds: Registration Fee: \$150.00 – Due upon registration
 Monthly Tuition: \$160.00 – Due by 15th of each month
 Materials Fee: \$160.00 – Due July 15th

Brown Baggers Program: \$35/ Mo
(All ages) Mondays and Wednesdays
Pick up time: 1:00 – 1:15 p.m.

APPLE ENRICHMENT PROGRAM: \$50/mo.
(4 Year Olds Only)
Tuesdays and Thursdays
Pick up time: 1:00 – 1:15 p.m.

Tuition is due on the first of each month. A \$25 late fee is required if tuition is received after the 15th of each month. IF it is necessary to make a late payment, please discuss it with the Financial Office so that arrangements can be made. Also, a penalty of \$30 will be assessed for returned checks. ALL FEES ARE NON-REFUNDABLE. Tuition fees are subject to change.

Two weeks notice is required before a child drops out of Preschool, 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, the tuition for that month is still required to be paid.