

OFFICE USE ONLY

App Fee _____ Check #: _____ Book/Supply Fee: _____ Statement of Cooperation: _____

Health Form: _____ Birth Certificate: _____ Interview: _____

**Little Patriots' Preschool
Enrollment/Registration Information**

Student's Legal Name: _____
Last First Middle

Called by Name: _____ Date of Birth: _____

Gender: _____ Male _____ Female Current Age: _____ Land Line: _____

Mailing Address: _____
Street City Zip Code

Student Lives With: Father Mother Stepfather Stepmother Grandfather Grandmother Guardian Other: _____
(circle all that apply)

Program: _____ 3 yr. full-time _____ 3 yr. part-time _____ 4 yr. full-time _____ 4 yr. part-time
 _____ UGCS Before/After School Daycare Grade: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Daytime Phone: _____ Daytime Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your child if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Emergency Contact #1: _____ Relationship to Student: _____

Daytime Phone Number: _____ Cell: _____

Emergency Contact #2: _____ Relationship to Student: _____

Daytime Phone Number: _____ Cell: _____

Please list any physical difficulties or special needs of the student: _____

In the event of an emergency, I authorize first aid or medical treatment for my child, and I release Union Grove Baptist Church and its related ministries from any and all responsibility in connection therewith.

Signature: _____ Date: _____



STUDENT INFORMATION:

Does your child have any known allergies: Yes _ No ____

If you answered yes, please explain in space provided below:

EMERGENCY INFORMATION:

Insurance Carrier: _____ Policy # _____

Doctor or Physician’s Group: _____ Office Phone: _____

Address: _____

Dentist: _____ Office Phone: _____

Address: _____

Hospital Preference: _____

PICK-UP INFORMATION:

Please list the name and relationship of any person who may pick-up your child on a regular basis. Students will not be released to individuals other than parents/guardians without consent.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Little Patriots’ Preschool will provide transportation to an appropriate medical resource in the event of an emergency. Little Patriots’ Preschool will not administer any drug or medication without specific instructions from the physician or the child’s parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play. Discipline practices and procedures are explained in detail in the Little Patriots’ Preschool handbook. A copy of the Summary of the North Carolina Child Care Law for Child Care Centers will be provided to each parent.

I, therefore, agree that Little Patriots’ Preschool may authorize the physician of choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent Signature: _____

Date: _____



PARENT'S COOPERATION AGREEMENT

In making application to have my child attend Union Grove Christian School, I agree to the following conditions in the spirit of Christian cooperation.

1. I agree to support the goal of Union Grove Christian School: To develop students of character and conduct who will live for the glory of God and the good of society.
2. I agree to the standards of conduct and the dress code of Union Grove Christian School. I understand that Union Grove Christian School does not tolerate profanity in speech, obscenity in word or action, dishonor to God and His Holy Word, or disrespect to the personnel of the school. In the event of my child's failure to comply with these standards, I hereby authorize the school to apply such corrective measures as it deems necessary
3. I, as parent, agree to be in harmony with the school's objectives of peaceful and harmonious conduct. No smoking is permitted anywhere in the buildings or anywhere on the property of UGBC/UGCS (NCAC 09.0604h).
4. I understand that students may be disciplined or expelled by the school if, during the off-school hours, they engage in conduct that violates biblical principles, dishonors God, or brings reproach on the name and reputation of the school.
5. I agree to uphold and support the high academic standards of Union Grove Christian School by providing a place at home for my child to study and by encouraging my child to complete all homework and assignments on time.
6. I agree to support the school with a willing and cheerful attitude. I will not criticize the administration or faculty in the school in public or in the presence of my child. When administrative decisions are reached or school policy is published, I will not make critical comments in public or private. Instead, I will seek a private consultation with the administration.
7. I agree that if at any time I, or an agent of mine, should bring civil or criminal suit against Union Grove Christian School, and lose; I agree to pay all court fees and other expenses incurred by Union Grove Christian School as a result of that suit.
8. I give permission for my child to take part in all school activities, including athletics and school sponsored trips away from school premises. I absolve the school from liability to my child or myself because of any injury to my child at school or during any school activity. (This statement does not absolve the school from its legal obligations to the student, i.e., negligence.)
9. I hereby pledge to give my financial obligations to Union Grove Christian School on the date due (first day of the month). I understand that the late fees will be assessed when payment has not been made by the tenth of the month. The late fee is \$25.00 per month.
10. I agree to accept all regulations of the school on the applicant's behalf. I understand that Union Grove Christian School reserves the right to dismiss any child who fails to comply with the established regulations and discipline, and/or whose life in the judgment of the administration is moving in a direction which is contrary to the goals and purposes of the school.

Parent(s)/guardian(s) must sign this agreement. This agreement must be signed yearly with each re-enrollment. If you have a question about this, please contact the school office.

WE HAVE READ AND AGREE TO THE PARENT'S COOPERATION AGREEMENT

Date: _____ **Signature:** _____ **Print Name:** _____

Date: _____ **Signature:** _____ **Print Name:** _____



UNION GROVE
CHRISTIAN SCHOOL

Knowledge. Growth. Service.