

Effort Christian School and PreSchool

7820 Thomas Jefferson Parkway
Palmyra, VA 22963
(434)589-8962

Registration 2009/2010

Child's Name _____ Name Used _____

Date of Birth _____ Sex _____

Home Address _____ Phone _____

Child Lives With (please check all that apply):

Mother and Father Mother Father Other _____

Mother's Name _____ Age _____

Mother's Occupation _____

Mother's Business Address _____ Phone _____

Mother's Cell Phone _____ E-mail _____

Father's Name _____ Age _____

Father's Occupation _____

Father's Business Address _____ Phone _____

Father's Cell Phone _____ Email _____

Marital Status of Parents: Married Single Divorced Separated
Deceased

Please check your preference:

Monthly Tuition

<input type="checkbox"/> 2 Days/2 year old class (9-12noon)	Mon/Wed or Tues/Thur	\$160.00
<input type="checkbox"/> 2 Days/3 & 4 year old class (9-12noon)	Tuesday/Thursday	\$150.00
<input type="checkbox"/> 3 Days/3 & 4 year old class (9-12noon)	Mon/Wed/Fri	\$185.00
<input type="checkbox"/> 5 Days/3 & 4 year old class (9-12noon)	Mon-Fri	\$235.00
<input type="checkbox"/> 2 Days/Full Day 3&4 (9-3pm)	Tues/Thur	\$235.00
<input type="checkbox"/> 3 Days/Full Day 3 & 4 (9-3pm)	Mon/Wed/Fri	\$335.00
<input type="checkbox"/> 5 Days/Full Day 3 & 4 (9-3pm)	Mon-Fri	\$460.00

Registration Fee: \$45.00 non-refundable

Sibling Information:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Any others living in the household? _____

Name of person responsible for childcare if both parents work? _____

Is your child potty trained? _____

List any information we may need to know about your child (medication, allergies, food restrictions, developmental concerns):

How is your child disciplined in the home?

Family Religious Preference _____ Church Attending _____

Emergency Situations (Please Read Carefully):

In case of emergency or sudden illness the parents are the first to be contacted. There are times when we are unable to contact the parents. For these times we ask that you please list the names of local people that would assume responsibility for your child. Please make sure your child is comfortable with these people. Please notify the people listed that you have given us permission to contact them.

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Physician's Name _____ Phone _____

I grant you permission to meet the needs of my child in case of emergency.

Authorization for Release:

The following persons listed below will be allowed to pick my child up from school. List all names other than parents. Our policy is very strict concerning this so please inform the office if changes need to be made. Picture identification will be required for student release.

Name_____ Relation_____ Phone_____

Name_____ Relation_____ Phone_____

Name_____ Relation_____ Phone_____

Parent Signature_____ Date_____

Authorization Form

Field Trips:

I understand that trips are planned away from the school during the year. I will be notified when these are going to occur. There will be an adequate number of adults for supervision of the children. I grant you permission to take my child on these trips.

Parent Signature _____ Date _____

Permission to Participate:

I grant permission for my child to use all or any of the play equipment available at the school. I also give permission to participate in activities at school and those which may be planned for off school premises. These activities will be adequately supervised by the school staff.

Parent Signature _____ Date _____

Photograph/Video Release:

I/We grant permission for Effort Christian School and PreSchool (ECSP) to take video or photograph recordings of my/our child _____ .
We understand that ECSP may use these for promotion, marketing, advertising or training purposes. The video/photograph footage will not violate the rights of any organization or person. I/We release ECSP harmless from any and all present and future claims for compensation.

Parent Signature _____ Date _____