

APPLICATION FOR ADMISSION
ASBURY PLAYSCHOOL
1331 Hwy 42
Petal, MS 39465

2023-2024 SCHOOL YEAR
(PLEASE TYPE OR PRINT)

STUDENT'S FULL NAME:

LAST FIRST MIDDLE GOES BY

HOME ADDRESS:

STREET CITY STATE ZIP CODE HOME PHONE

DATE OF BIRTH: _____ **AGE AT ENROLLMENT:** _____ **SEX:** _____

IS YOUR CHILD POTTY TRAINED? _____ **MS State requires changing tables in classrooms that have diapers/pull-ups to change. It is the policy of Asbury Playschool that each child in the 3- and 4-year-old classrooms must be fully potty trained. Each child must be able to go to/ask to, use the potty on their own, as well as pull pants down and up and wipe as needed. Due to the unusual amount of attention it would require of the one single teacher in those classrooms there are no exceptions.**

ALLERGIES/HANDICAPS/SERIOUS ILLNESS: _____

FATHER'S NAME:

LAST FIRST MIDDLE CELL PHONE

HOME ADDRESS IF DIFFERENT FROM ABOVE:

STREET CITY STATE ZIP HOME PHONE

BUSINESS PHONE: _____ **EMPLOYER:** _____

MOTHER'S NAME:

LAST FIRST MIDDLE CELL PHONE

HOME ADDRESS IF DIFFERENT FROM ABOVE:

STREET CITY STATE ZIP HOME PHONE

BUSINESS PHONE: _____ **EMPLOYER:** _____

EMAIL ADDRESS: _____

I give permission to Asbury Playschool to share my email address with Asbury Children's Ministry _____

EMERGENCY CONTACTS

NAME: _____ Relationship to Child _____

HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

NAME: _____ Relationship to Child _____

HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

IN THE EVENT AN EMERGENCY OCCURS, AN AMBULANCE WILL BE CALLED

CHILD PICK-UP AUTHORIZATION

The persons listed below are authorized by the parents or guardians to pick up and drop off the child named on this enrollment form. The enrolled child may only be released to individuals on this list. Proper I.D. must be shown if a parent authorizes someone that is not listed below to pick a child up from Asbury Playschool.

Name _____ Home Telephone _____

Name _____ Home Telephone _____

Name _____ Home Telephone _____

NON-REFUNDABLE FEE SCHEDULE

Registration for new students, supply, and Asbury bag fee: \$190.00 – Due upon registration

Current students, registration fee and supply fees are due annually each February

Monthly Tuition: \$175.00 – Due on the 1st Tuesday of each month.

Your registration and supply fee DOES NOT cover August tuition.

- Tuition is due on the first Tuesday of each month. A \$10.00 late fee is assessed on Thursday of that week if tuition has not been received before the end of that day. If it is necessary to make a late payment, discuss it with the Director and a late fee will not be assessed. All bank fees will be assessed for any returned check.
- Two weeks notice is appreciated if a child will be withdrawn from Asbury Playschool; 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 he/she will be required to pay the full tuition for that month if they are to remain enrolled. All ten months of the school year are considered to be full months for purposes of tuition regardless of holidays, sickness, bad weather days, or off days for any reason including a pandemic. Tuition will not be pro-rated for any reason.

MISCELLANEOUS

	Initial
I was given a copy of the Parent Handbook which is also posted on the website.	Yes ____ No ____ ____
I understand that Asbury Playschool does not maintain liability insurance for injury or accidents while at the Playschool.	Yes ____ No ____ ____
Photography authorization: I give my permission for the child listed on this application to be photographed or videotaped while attending Asbury Playschool.	Yes ____ No ____ ____
I give my permission for the child listed on this application to participate in field trips sponsored by Asbury Playschool. I understand that I will have to sign a permission slip for each field trip.	Yes ____ No ____ ____
I authorize Asbury Playschool to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses.	Yes ____ No ____ ____

FOR OFFICE USE ONLY

Date of Enrollment _____

Certificate of Immunization Form 121

Yes ____ Date Received _____

Date of Withdrawal _____

Reason _____

Playschool Director's Signature _____ Date _____