

EVERGREEN PRESCHOOL  
MINISTRY

1105 N. Pontiac Ave.  
Dothan, AL 36303  
(334) 794-7319

Date \_\_\_\_\_  
Part-Time \_\_\_\_\_  
Full-Time \_\_\_\_\_  
(Please initial)

*Office Use Only:*  
Date Registered \_\_\_\_\_  
Fee received \_\_\_\_\_  
Cash/Check# \_\_\_\_\_  
Online Bill Payment \_\_\_\_\_  
Waiting List \_\_\_\_\_

**Student Information:**

Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Preferred Name \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Information:**

**MOTHER:** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's signature \_\_\_\_\_

**FATHER:** Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_

Father's signature \_\_\_\_\_

Is child living with both parents? Yes or No - If no, with whom does he/she live?

Are there any custody restrictions that we should be aware of? \_\_\_\_\_

(Copy of custody arrangements need to be kept in child's folder)

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**EMERGENCY CONTACTS:**

In case of an emergency requiring my child to be sent home and neither parent can be reached, please release my child to (contacts will be made in the number order shown):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Has your child been diagnosed with a :( a) learning disability (b) physical problem (c) other? Yes/No Explain: \_\_\_\_\_

Is your child allergic to any foods? Yes/No \_\_\_\_\_

Is your child allergic to any medications? Yes/No \_\_\_\_\_

Are there any allergic reactions that we should be aware of? Yes/ No \_\_\_\_\_

Current medications: \_\_\_\_\_

Are there any other impairments/concerns we should be aware of? \_\_\_\_\_

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**EMERGENCY INFORMATION:**

Child's Pediatrician: Southeastern Pediatrics / Dothan Pediatrics Other \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Hospital Preference: Flowers / SE HEALTH

**MEDICAL AUTHORIZATION:**

I hereby authorize the staff of Evergreen Preschool Ministry to act as agents in the care of my child in a medical emergency situation. If an accident or severe illness occurs during school hours and none of the above emergency contacts can be reached, please take my child to his/her physician as listed above or to the nearest emergency center.

Mother's signature \_\_\_\_\_

Father's signature \_\_\_\_\_

**Media Release**

I give permission for my child to be photographed and videotaped during school activities. My child's image may appear in print or online promoting the school's activities. This will include our Blog, website, and FACEBOOK. **My child's name will not be used.**

\_\_\_\_\_ I **do** give permission for my child to participate.

\_\_\_\_\_ I **do not** give permission for my child to participate.

Date \_\_\_\_\_

**Evergreen Preschool Ministry  
Authorization to Release Form  
2019-2020**

Person(s) authorized to pick up my child (children):

	<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Person(s) NOT authorized to pick up my child (children):

	<u>Name</u>	<u>Relationship to Child</u>
1.	_____	_____
2.	_____	_____

We communicate information such as closings, class information, etc. about Evergreen Preschool Ministry through email. If you would like other people (Grandparents, Aunt, Nanny, etc.) to receive this information, please list them below.

	<u>Name</u>	<u>Email Address</u>	<u>Relationship to Child</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Any person(s) unfamiliar to us will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent/guardian.

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Evergreen Preschool Ministry  
Tuition Policy  
2019-2020

Students are registered for the **ENTIRE** year and the parent or guardian is responsible for payments that will begin on **August 1, 2019 through July 31, 2020**. Tuition contract will be amended only if the family is moving out of the area (50+ miles).

**Weekly** tuition is due the Monday of the week your child is attending. If payment is made after Tuesday, a \$25.00 late fee will be assessed.

**Monthly** tuition is due on the first of each month that your child is attending. If payment is received after the 5<sup>th</sup> of the month, a \$25.00 late fee will be assessed.

\*Parents will be responsible for any legal fees EPM incurs as a result of enforcing our handbook policies.

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Once you have chosen a payment option, we ask that you not change it for the entire school year. Thank you for your cooperation.

Payment Option:

1. \_\_\_\_\_ Monthly at a rate of \$ \_\_\_\_\_
2. \_\_\_\_\_ Weekly at a rate of \$ \_\_\_\_\_

Name: \_\_\_\_\_

Name of Child/Children: \_\_\_\_\_  
\_\_\_\_\_

## **Evergreen Preschool Ministry Tuition 2019-2020**

### **Registration Fees:**

Infants/Toddlers/Preschool - \$100.00/child/year

### **Tuition One Child:**

#### **Full-Time (Monday – Friday 6:30am-5:30pm)**

Full-Time Infant/Toddler/Preschool - \$515.00/month or \$120.00/week

#### **Part-Time (Monday – Friday 6:30am-12:30pm)**

Part-Time Infant/Toddler/Preschool - \$290.00/month or \$70.00/week

### **Second child discounts (add these to Full-Time or Part-Time listed above):**

Full-Time Infant/Toddler/Preschool - \$412.00/month or \$100.00/week

Part-Time Infant/Toddler/Preschool - \$232.00/month or \$56.00/week

For those who choose to pay weekly, payment is due Monday of each week. If payment is received after Tuesday, a late fee of \$25.00 will be charged.

For those who choose to pay monthly, payment is due on the first of each month. If payment is received after the 5<sup>th</sup> of the month, a \$25.00 late fee will be charged.

\*Due to the inconvenience of NSF checks, a \$25.00 fee will be charged to the parents.

The Evergreen Preschool Ministry Board, which governs our program, has adopted a **NO PAY/NO STAY** policy. We will not continue to provide service if tuition is two weeks late. If tuition payments are two months delinquent, your child may not be able to return to school. If you have extenuating circumstances, please talk with the Director.



## Field Trip Permission Form 2, 3, and 4 Year Old Classes

I give my child, \_\_\_\_\_ permission to go on field trips with Evergreen Preschool Ministry for the 2019-2020 school year. We will be traveling by bus or car driven by an Evergreen employee. I do not hold Evergreen Preschool Ministry responsible for any injuries or accidents that could occur. Please sign below and list an emergency phone number.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Date

\*Please make sure all field trips are paid with ***CASH*** when they are due. The teachers will inform you with details about the field trips throughout the year.

\*If you plan to attend the field trip with your child, your child ***MUST*** ride to and from the field trip location with you.

\*Field trips are limited to EPM students enrolled in participating class.

\*Please notify your child's teacher so we can make proper transportation arrangements.