



## Child Enrollment 2022-2023 School Year

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

### Parent Information

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

### Emergency Contact Information (other than parents or doctors)

Contact #1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorized Adults (People other than parents to whom your child may be released)

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

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

### Agreement

I have been informed of the required health and safety inspections and that the inspections forms are available for review. I understand and agree that my child may not be accepted for care when they are ill. I agree to abide by the program's handbook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Health History and Current Health Concerns**

Please list any known allergies and special medical conditions, including any chronic health problems.

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Please list any special medications and/or restrictions

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**Authorization for Emergency Medical Care**

I understand that in the case of an accident or injury to my child, I will be notified immediately. If my child required emergency medical care, the physician and preferred hospital to use are as follows:

Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger them or other children in attendance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ACH Payment Authorization 2022-2023 School Year

I/we, hereby authorize Chandler Baptist Church to electronically debit my/our account (and if necessary, electronically credit the account to correct erroneous debits) as follows. I/we agree that ACH transactions I/we authorize comply with all applicable law.

- Checking Account (please attach a voided check)
- Savings Account

Bank (depository) Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I/we, authorize monthly debits in the amount selected below for each of my/our children enrolled in Chandler Preschool. Debits will be processed on the 1st of each month (September 2022 through May 2023), or on the next business day. (Please select all that apply)

- \$240 monthly fee for one infant
- \$170 monthly fee for one infant half-day
- \$210 monthly fees for one enrolled child
- \$420 monthly fees for two enrolled children
- \$150 monthly fee for one enrolled child half-day
- \$250 monthly fee for Pre-K

I/we authorize that this authorization will remain in full force and effect unless I/we notify Chandler Baptist Church in writing that I/we wish to revoke this authorization. I/we understand that Chandler Baptist Church requires at least seven business days' notice to process a cancellation.

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_