



Preschool Registration Application

Office Use Only

Registration Form received: ____ / ____ / ____
Registration Fee paid: ____ Cash ____ Check

Medical Form: ____ / ____ / ____
Immunization Form: ____ / ____ / ____

Return this completed and signed Registration Application, non-refundable registration fee, and a copy of child's birth certificate, to the church office of Salem Baptist Church, 430 Rockford Road or mail to Salem Baptist Church, P.O. Box 462, Dobson, North Carolina 27017. Please do not send cash in mail.

Student Information

Child's Legal Name: _____ Birth date: ____ / ____ / ____

Name child prefers to be called: _____ Sex: ___ Male ___ Female

Address: _____

City, State, Zip Code: _____

Class Information

Salem Christian Academy hours are 8:00 AM – 11:30 AM. Please check the class you would like your child enrolled in:

_____ **2 day Pre-K3 Class:** Child must be 3 years of age on or before August 31 of the school year they are registering for. Tuition is \$110.00 per month. Preschool ready 3 year olds will be accepted pending an evaluation screening and space availability.

_____ **3 day Pre-K4 Class:** Child must be 4 years of age on or before August 31 of the school year they are registering for. Tuition is \$165.00 per month.

_____ **5 day Pre-K4 Class:** Child must be 4 years of age on or before August 31 of the school year they are registering for. Tuition is \$200.00 per month.

Registration Fee: The non-refundable registration fee must be submitted with this registration application, and may be paid by check or cash. Please make checks payable to Salem Baptist Church and write your child's name on the memo line. In the event the class applied for is full, or if there are not enough children to fill a class, the registration fee will be returned to you.

Early Registration: Parents will receive a discount for early bird registration depending on the month of registration. The registration fee is as follows:

- January 1 through February 29 - \$25
- March 1 through April 30 - \$50
- After April 30 - \$75

Tuition: Tuition per month is based on the cost for one school year divided into 10 monthly payments. During the months of August through May, tuition is set at the amount mentioned above depending on the 2 day, 3 day, or 5 day options. Family discounts are listed on the *Admission and Financial Policies* form.

Family Information

Parental Status: Single Married Separated Divorced

[If parents are separated or divorced, a copy of the current custody documents must be included.]

Child lives with: Both parents Only Mother Only Father Other: _____

Full name of Father/Guardian: _____

Father's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Can you receive text messages? Yes No

Place of work: _____ Email: _____

Full name of Mother/Guardian: _____

Mother's Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Can you receive text messages? Yes No

Place of work: _____ Email: _____

Other children in family:

Number of brothers: _____ Names and ages: _____

Number of sisters: _____ Names and ages: _____

The person who is the primary contact for this child is _____

Media Permission

I give permission for Salem Christian Academy to use photographs, slides, videos, or illustrations of my child in printed material, broadcast and print advertising, for promotional videos, and on the Salem Baptist Church website or Facebook page. Yes No

Religious Information

Father/Guardian: Church you are attending _____ Member? Yes No

Address of Church: _____

Do you attend church regularly occasionally rarely

Have you received Jesus Christ as your personal Savior? Yes No

Mother/Guardian: Church you are attending _____ Member? Yes No

Address of Church: _____

Do you attend church regularly occasionally rarely

Have you received Jesus Christ as your personal Savior? Yes No

Pick-Up Information

I authorize the following person(s) to pick up my child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Signature of Father/Guardian: _____ Date: ___ / ___ / ___

Signature of Mother/Guardian: _____ Date: ___ / ___ / ___

[PLEASE NOTE: There is a separate Child's Medical Form which is to be filled out by your child's doctor and turned in to the preschool with a copy of your child's Immunization Record by the first day of school.]

Health Information

Health Insurance Provider: _____

Group Number: _____ Policy Number: _____

Policy Holder's Name: _____

Does your child have any known health problems? ___Yes ___No

If yes, please explain: _____

Does child have any special fears, likes or dislikes? _____

Does your child have any allergies? ___Yes ___No

List all allergies and child's reactions: _____

Does he/she require an epipen? ___Yes ___No

Does your child take any medication(s) on a regular basis? ___Yes ___No

If yes, please list the medication(s) and the medical condition for which it is taken: _____

Does your child have evidence of hearing loss, vision difficulties, speech delays, or developmental delays?

___Yes ___No

If yes, please explain: _____

Has your child received counseling, speech, or occupational therapy, or any other specialized services?

___Yes ___No If yes, please list: _____

Check any of the following illnesses or developmental problems your child has had:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Attention/Learning | <input type="checkbox"/> Emotional/Behavioral |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bleeding problems | <input type="checkbox"/> Urinary/Bladder | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bowel problems | |

Please comment on any other medical information or special need we should be aware of:

Emergency Information

Local Person(s) to contact in case of Emergency (after attempting to reach both parents/guardian):

Name: _____
Relationship to child: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Name: _____
Relationship to child: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Name of Child's Doctor: _____ Office Phone: _____

Name of Child's Dentist: _____ Office Phone: _____

My medical facility of choice is: _____

Authorization for Emergency Medical Care

Child's Name (print): _____ Date of Birth ___ / ___ / ___

Name of Father/Guardian (print): _____

Name of Mother/Guardian (print): _____

✓ I authorize that the above person(s) may be contacted in case of emergency.

Signature of Father/Guardian: _____ Date: ___ / ___ / ___

Signature of Mother/Guardian: _____ Date: ___ / ___ / ___

✓ It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf. I give permission for Salem Christian Academy to make whatever emergency measures (i.e. first aid, 911, hospitalization, disaster, evacuation) are deemed necessary for the protection and care of my child while under the supervision of the school, at my expense. I understand that the Salem Baptist Church/Salem Christian Academy insurance policy is secondary to the policy I have on my child.

Signature of Father/Guardian: _____ Date: ___ / ___ / ___

Signature of Mother/Guardian: _____ Date: ___ / ___ / ___

✓ I agree that Salem Christian Academy may authorize the physician of their choice to provide emergency care in the event that neither a parent/guardian, nor the family physician, can be contacted immediately.

Signature of Father/Guardian: _____ Date: ___ / ___ / ___

Signature of Mother/Guardian: _____ Date: ___ / ___ / ___

[Please Note: Both parents must sign these medical releases and the Parent Agreement. In case of divorce, the parent with primary custody must sign; in joint custody, both parents must sign.]

PARENT AGREEMENT
(Please Read Carefully and Initial Each Line)

_____ I acknowledge that the foregoing information is true and accurate.

_____ I understand that the registration fee is non-refundable, except in the event the class applied for is full, or if there are not enough children to fill a class.

_____ I have read and agree to abide by the Salem Christian Academy Admission and Financial Policies. I agree to pay the tuition fees by the 1st school day of each month, with the first payment being due prior to the first week of school in August, and the last payment being due on June 1st. I understand that a \$10.00 late fee will be charged for past due accounts after the 5th school day of each month, and that if my account is not current at the end of 30 days, my child may be dismissed by Salem Christian Academy.

_____ I understand that I may make payments with cash or by check. I agree to pay \$25.00 for a returned check and Salem Christian Academy will then have the option to refuse any check.

_____ I understand that the submission of this registration form and payment of registration fee reserves a child's place, but does not guarantee acceptance. Please be aware that Salem Christian Academy may not be able to accept students with certain disabilities/limitations. Accommodations needed for individual students must not be such that they limit other students from receiving adequate time and attention.

_____ I understand that if my child is accepted as a student, he/she will be given instruction in accordance with and not contrary to the doctrines and practices of Salem Baptist Church.

_____ I release Salem Christian Academy, Salem Baptist Church, its administration, and any of its employees from any liability to my child or myself as a result of personal injury or property damage occurring while the above child is in the care of Salem Christian Academy at school or during a school activity.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

Believing whole-heartedly that all people are created equally by God and have been made in His image, Salem Christian Academy welcomes students of all races, colors, and national or ethnic backgrounds to all the rights, privileges, programs, and activities made available to students at Salem Christian Academy.