



Child's Name _____ DOB _____ / _____ / _____

Parents' Names _____

Address _____

City _____ State **NC** Zip Code _____ Male _____ Female _____

Preferred Telephone Number to Contact You (_____) _____ - _____

Email Address _____

Please list any food/environmental allergies and medical concerns and/or needs:

Immunization record current and included with this form? { circle } YES NO

CLASS SELECTION & FINANCIAL INFORMATION

- Children are placed in a class based on their age on August 31
- **Include the non-refundable Registration Fee of \$100 with this form**
- **There will be a one-time Curriculum Fee due on Orientation Day. See below for amount.**
- Tuition is due the first of each month (SEPTEMBER - MAY)
- Classes are limited and may fill quickly
- Make Checks Payable to Overflow Church Preschool, Overflow Preschool, or OCP

Please place a "✓" next to the program for which your child is eligible to enroll:

| CHOICE | CLASSES | MONTHLY TUITION | CURRICULUM FEE |
|--------|---|-----------------|----------------|
| | 4 YEAR OLD PROGRAM (FOUR DAYS / WEEK) Monday - Thursday 9:00am-1:00pm <i>MUST BE FULLY POTTY TRAINED (No exceptions)</i> | \$300 / month | \$120 |
| | 3 YEAR OLD PROGRAM (THREE DAYS / WEEK) Tuesday - Thursday 9:00am-1:00pm <i>MUST BE FULLY POTTY TRAINED (No exceptions)</i> | \$240 / month | \$75 |
| | 2 YEAR OLD PROGRAM (TWO DAYS / WEEK) Monday & Tuesday 9:00am-1:00pm OR Wednesday & Thursday 9:00am-1:00pm | \$190 / month | \$60 |

(Make payable in Money Order or Check made payable to Overflow Church Preschool or OCP)

Parent Signature _____ Date _____ / _____ / _____

Office Use: **Date Registration Received/Paid** _____ **Check #** _____ **Class Placement/Date** _____ **Wait List Date** _____



Child's Full Name _____ DOB ____/____/____
Parents' Names _____
Address _____
City _____ State NC Zip Code _____ Male _____ Female _____
Mother Phone # (____) _____ - _____ Father Phone # (____) _____ - _____
Main Contact Email _____
First Contact is _____
Any Custody Issues _____ { Copy of the current Custody agreement must be on file }

STUDENT HEALTH INFORMATION

Does your child have any known food or drug allergies? { circle } YES NO
If yes, please explain _____
Does your child take prescription medication daily? { circle } YES NO
If yes, please explain _____
Please give any information concerning your child's health. Include surgeries that your child has had:

Immunization record current? { circle } YES NO { Must provide a copy of your child's immunization records with this form }

EMERGENCY / AUTHORIZATION INFORMATION

Hospital Preference _____

PLEASE LIST EMERGENCY CONTACT INFORMATION OTHER THAN THE PARENT(S) / GUARDIAN(S) OF THE CHILD:

Name _____ Relationship _____ Phone (____) _____ - _____
Name _____ Relationship _____ Phone (____) _____ - _____

PLEASE LIST FOUR PEOPLE YOUR CHILD CAN LEAVE THE PRESCHOOL WITH:

Name _____ Relationship _____ Phone (____) _____ - _____
Name _____ Relationship _____ Phone (____) _____ - _____
Name _____ Relationship _____ Phone (____) _____ - _____
Name _____ Relationship _____ Phone (____) _____ - _____

I agree that Overflow Church Preschool (OCP) may authorize emergency medical care for my child. In the event of an emergency, I understand that all efforts will be made to contact me immediately.

Parent Signature _____ Date ____/____/____



Please check the boxes, sign this page, and return with all Registration paperwork.

OC PRESCHOOL HANDBOOK AND AUTHORIZATIONS FOR 2024-2025 SCHOOL YEAR

I hereby acknowledge receipt of the Overflow Church Preschool Parent Handbook for the 2024-2025 school year and I also acknowledge that I have read, understand, and accept the contents of the handbook as it relates to the enrollment of my child in the preschool program. I also acknowledge receipt of the authorizations relating to my child's safety and I have signed stating that I understand such authorizations.

FINANCIAL AGREEMENT 2024 - 2025 SCHOOL YEAR

Tuition is due by the first of each month and will be considered late after the 5th day of the month, if tuition is turned in after the 10th of the month there will be a \$20 late fee charged. We accept cash, or check as a form of payment. All checks must be made payable to Overflow Church Preschool or OCP. Failure to pay tuition may result in dismissal from our preschool. In the event that a check is returned there will be a \$25.00 service fee on top of the tuition amount. After two returned checks, we will ask that your child's tuition only be paid by cash or cashier's check from that point on.

A curriculum fee will be collected on Orientation Day. This fee will be for the purchase of supplies, curriculum (OCP Created) based needs for the classroom and for specific activities that your child will participate in. This fee will be determined based on the number of days your child is enrolled.

A non-refundable \$100 fee is due at the time of registration to hold your child's spot for the upcoming school year. In order to register for the next school year, ALL accounts must be in good financial standings.

I hereby acknowledge receipt of the Overflow Church Preschool Financial Agreement for the 2024-2025 school year and I also acknowledge that I have read, understand, and accept the contents.

SOCIAL MEDIA RELEASE 2024 - 2025 SCHOOL YEAR

____ Yes, I will allow my child to be on the private Facebook / social media page.

____ No, I do not want my child's picture on the private Facebook / social media page.

Child's Name _____ Date _____/_____/_____

Parent Signature _____ Date _____/_____/_____