

# Forest Hill Christian Preschool



## FHCP Student Information Sheet

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **Primary Contact**

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Can receive texts? YES or NO

### **Secondary Contact**

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Can receive texts? YES or NO

*In the event that neither of the contacts listed can be reached, please list an emergency contact.*

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

The following individuals have my permission to pick up my child:

_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forest Hill Christian Preschool



**Photo Consent Form**

I hereby grant Forest Hill Christian Preschool permission to use my child's likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Forest Hill Christian Preschool and will not be returned. I hereby irrevocably authorize Forest Hill United Methodist Church to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Forest Hill Christian Preschool programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

\_\_\_\_ I hereby certify that I am the parent or guardian of \_\_\_\_\_, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Parent/Guardian's Printed Name

\_\_\_\_\_

Date

\_\_\_\_ I hereby certify that I am the parent or guardian of \_\_\_\_\_, and **do not** grant Forest Hill Christian Preschool permission to use my child's likeness in a photograph in any and all of its publications, including website entries.

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Parent/Guardian's Printed Name

\_\_\_\_\_

Date

# Forest Hill Christian Preschool



## Tuition Agreement

I agree to pay the tuition amount of \$\_\_\_\_\_ per month. Tuition payments received after the 5<sup>th</sup> of the month will incur an additional \$25 late fee. If your child's tuition or late fee has not been paid by the 15th, they can not return to school until these fees have been paid. A two week notification is required prior to the first of the month to avoid additional tuition charges. Tuition payments are not refundable.

I have read and agree to the conditions listed above.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

# Forest Hill Christian Preschool



## Medical History Report

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address of Parent or Guardian \_\_\_\_\_

Is the child currently under a doctor's care? YES or NO. If yes, for what? \_\_\_\_\_

Is the child on any continuous medication? YES or NO. If yes, please list medications and the reason for them.

Any history of significant previous diseases or recurrent illness? YES or NO. If Yes, what? \_\_\_\_\_

Does the child have any physical disabilities? YES or NO. If yes, please describe: \_\_\_\_\_

Should physical activities be limited? YES or NO. If yes, please explain: \_\_\_\_\_

Does the child have any mental disabilities? YES or NO. If yes, please describe: \_\_\_\_\_

Is the child allergic to anything? YES or NO. If yes, please request an Allergy Action Plan from your teacher or director.

Is the child current on all state required vaccines\*? YES or NO.

*\*Children attending Forest Hill Christian Preschool must submit a current immunization record within 30 days of their first day of attendance per G.S. 130-a-155(B). Failure to submit an immunization record will result in the child not being allowed to attend preschool until the appropriate records are submitted.*

These responses are true to the best of my knowledge.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Forest Hill Christian Preschool



## Substitute Teacher Application

Thank you for your interest in being on our substitute teacher list. We require that all substitutes submit to a criminal background check to ensure the safety of the children in our care.

1. Rate of pay of \$25.00 per day.
2. Hours are 8:45 a.m. to 12:45 p.m.
3. Teachers may contact substitutes the morning needed and will do their best to provide a basic lesson plan.
4. Substitutes will be paid within two weeks of working.

Name \_\_\_\_\_ Email \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Days I am available to work:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

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### AUTHORIZATION FOR CRIMINAL RECORD CHECK

I, \_\_\_\_\_, hereby authorize Forest Hill Christian Preschool to request any Police Department or agency to release information regarding any record of charges or convictions contained in files, or in any criminal file maintained on me, whether said file is local, state, or national, and including but not limited to accusations and convictions for crimes committed against minors to the fullest extent permitted by state and federal law. I release said Police Department or agency from liability that may result from any such disclosure made in response to this request.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print applicant full name \_\_\_\_\_

Print all other names that have been used by applicant (if any) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

In the space provided, please identify and explain any criminal convictions apart from minor traffic violations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Forest Hill Christian Preschool



## Automatic Payment Authorization

Forest Hill Christian Preschool is happy to offer an automatic payment option. If you would like to participate in the automatic payment option, please complete the form below. Tuition will be charged on the 1<sup>st</sup> of the month.

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

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

Accountholder's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Amount to Charge \$ \_\_\_\_\_

I agree to allow Forest Hill Christian Preschool to charge the above amount to my checking account on the first of each month. I agree to pay for this purchase in accordance with the issuing bank Accountholder Agreement.

Accountholder: Print name, sign and date.

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_