

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 5th 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 _____

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 1st 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: _____