



Little Friends Preschool of SCCS 2009 ENROLLMENT FORM



Child's full name: _____

Date of Birth: _____ Male/Female
(Please attach a copy of child's birth certificate.)

Parent's Names: _____

Address: _____
(Street address) (Apt. #)

(City) (State) (Zip Code)

Contact Information:

Home: _____

Work: _____

Cell: _____

E-mail: _____

Program Information (circle requested class for your child):

- | | |
|--|--|
| 3 yr-old 2 day class (Tu/Th) \$130 | 4 yr-old 4 day AM class (Mon.-Thurs.) \$175 |
| 3 yr-old 3 day class (M/W/F) \$160 | 4 yr-old 4 day PM class (Mon.-Thurs.) \$175 |
| 3 yr-old 5 day AM class (Mon.-Fri.) \$185 | Half Day PreKindergarten (Mon.-Fri.) \$235 |
| 3 yr-old 5 day PM class (Mon.-Fri.) \$185 | Full Day PreKindergarten (Mon.-Fri.) \$350 |

Payment Information:

\$100.00 non refundable Enrollment Fee due with completed Enrollment Form to secure placement.

Nine months @ \$ _____ First month due 7/15/2009 (non-refundable)
Second month due 9/1/2009

Date Paid: _____ Check # (payable to SCCS): _____

Parent Signature: _____ Date: _____

650 Pee Dee Road
Southern Pines, NC 28387
(910) 695-1874

Email: preschool@sandhillsscs.org Web Site: www.sandhillsscs.org

Family: _____

ITEM	DESCRIPTION	DATE
1	Phone/Email Inquiry	
2	Tour	
3	Enrollment Form	
4	Enrollment Fee	
5	Copy of Birth Certificate	
6	Health Form	
7	Immunization Record	
8	Acceptance Letter Mailed	
9	1 st day of Attendance	

Administration Sequence of Events-Office Use Only

Emergency Information:

Separate Health Form must be completed & returned to Director before child officially begins Preschool.

In case of emergency and parents cannot be reached, please contact:

(Name) _____ (Relationship) _____ (Contact Number) _____

I authorize my child, _____, be released by Little Friends Preschool to the emergency contact stated above.

Doctor: _____ Phone: _____

Hospital _____

Dentist: _____ Phone: _____

Special instructions _____

In the event parents cannot be reached to make arrangements for emergency medical care:

- I authorize Little Friends Preschool of SCCS to transport my child to the emergency room and/or physician stated above.
- I authorize consent for all treatment deemed necessary by the attending physician.

(Signature of Parent)

(Date)