



# Preschool Academy of Westchester

At

Matthew Road Baptist Church

## Parent Enrollment Checklist

To complete the enrollment of your child for the 2018-2019 school year you will need to return the following:

- \_\_\_ Completed admissions form for each child (**front and back**)
- \_\_\_ Copy of updated shot record
- \_\_\_ Copy of driver's license of any one eligible to pick up your child
- \_\_\_ Completed picture release form (per family)
- \_\_\_ Non-refundable \$50.00 registration fee (per family)
- \_\_\_ \$100.00 annual supply fee (per child)

***For returning students:***

***\*\*If you have current driver's license and/or shot record on file, we do not need a new copy.***

If you have any questions, please contact Cyndi King at 972-641-7380 or by e-mail [cyndikking@msn.com](mailto:cyndikking@msn.com).

Preschool Academy of Westchester  
at Matthew Road Baptist Church

Office Use only:	M/F
Classroom: _____	

2018-2019 School Year

Facility Name: P.A.W. at Matthew Road Baptist Church		Director: Cyndi King
Child's Full Name:		Child's Date of Birth:
Child's Preferred Name:		
Child's Address:		
Primary Contact Number:	Brothers/Sisters:	Ages:
Date of Admission:	Date of Withdrawal:	Primary Email Address:
Child's Age as of 9-1-2018:		Secondary Email Address:

Parent's or Guardian's Name(s):	Address (if different than child):	
Phone Numbers While Child is in Care		
Mother: Cell:	Father: Cell:	Guardian: Cell:
Parent's Relationship to each other (Married, Divorced , Separated, Single):		

I hereby authorize the child care facility to allow my child to leave the child care facility ONLY with the following persons: (Attach copy of driver's licenses.)(Including Mom and Dad)			
Name:	Relationship:	Phone:	DL#:
Name:	Relationship:	Phone:	DL#:
Name:	Relationship:	Phone:	DL#:

**Authorization for Emergency Medical Attention:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility, director/person in charge to take my child to (attach copy of insurance card):		
Name of Physician:	Address:	Phone :
Name of Hospital:	Address:	Phone:
I give consent for this facility to secure any and all necessary emergency medical care for my child. I do hereby release Matthew Road Baptist Church, and any staff member of the P.A.W., from any and all injury claims that might occur while they are in attendance.		
_____ Signature of Parent/Legal Guardian		_____ Date:

Child's Name(from front):	Date of Birth:
List any special problems that your child may have:	
Allergies:	
Existing Illness:	
Previous Serious Illness:	
Injuries During the Past 12 months:	
Any Medicine Prescribed for long-term Continuous Use:	
Any other information which Staff should be aware of:	
Immunization Record:	
<input type="checkbox"/> I have provided the childcare operation with a copy of my child's most current immunization record.	

Other Information (Optional)

Would you be interested in substitute teaching?	
Family Religious Preference:	Church Membership:
Father's Occupation:	Father's Employer:
Mother's/Guardian Occupation:	Mother's /Occupation Employer:
How did you hear about our program?	
What was your primary reason for selecting this program?	



## 2018-2019 P.A.W. Picture/Video Release

Throughout the school year, the director and teachers take pictures and/or video of the students. These will be used for picture sales to the parents, end of the year video, Christmas video and advertisements, i.e. – flyers and cards. We need your permission to place your child's photo or video in any of these projects.

Please read the following statements and check all that apply to your child(ren). Be sure to sign and date it at the bottom.

I give permission to use my child's photo for picture sales at P.A.W. (only available to PAW Parents)

I give my permission to use my child's photo/video in PAW videos that are only used during the Christmas Program, Family Night, Pre-K Graduation or any church events.

I give my permission to use my child's photo in the PAW brochure, designed in house and only available to potential PAW parents – no names/ages are listed.

I give my permission to use my child's photo/video in all the above.

I DO NOT allow my child's picture/video to appear in any of the above. If you choose this option, we will take NO Pictures of your child and your child **will not** appear in special projects that include photos, including end of year video.

Child(ren)'s Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_