



## Preschool Enrollment Form Checklist

Please take the time to complete each form. Below, you will find a checklist of the forms that must be completed before your child is considered enrolled. If you are missing one of these forms, you may pick up a duplicate at the office.

- Identification and Emergency Information** – This form must include your work phone numbers and the names of any person authorized to take your child from our facility. **YOUR CHILD WILL NOT BE RELEASED TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS LIST.**
- Preadmission Health History** – List any past illness, allergies, and any information that may help us to better understand your child and his/her needs.
- Student History Information**
- Physician's Report** – This form must be taken to your child's physicians and a complete physical and all immunizations are to be recorded. This must be completed before your child enters our program.
- Consent for Medical Treatment** – This is a release to provide medical care and attention to your child. This form also allows us the authority to give permission for any emergency treatment prescribed by a licensed physician or dentist in the absence of the parent.
- Parents' Rights** – This informs you of your rights regarding your child and our facility.
- Personal Rights** – This lists the rights of your child to fair and equal treatment.
- Parental Agreement Contract** – This form is signed and dated, indicating that you have read the Olive Branch Christian Preschool (OBCP) Handbook and agree to follow the policies.
- Financial Contract** – This form is signed and dated, indicating that you are aware of any and all fees and charges.
- Parent Agreement** (Sign and return this list and all other forms)

I \_\_\_\_\_, parent of \_\_\_\_\_ have read the OBCP Handbook and agree to follow the policies outlined therein.

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Student History Information

### Student Information

Student's Name: \_\_\_\_\_  
Last First MI

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(New students require birth certificate.)

Gender:  M  F

### Parent Information

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed

Child Lives With: \_\_\_\_\_

Who is responsible for tuition obligation? \_\_\_\_\_

Does the student have siblings?  Yes  No

If so, please indicate the siblings' name/age/school they attend: \_\_\_\_\_

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

**Child's School History**

Has your child attended a preschool?  Yes  No

School Name: \_\_\_\_\_ How long? \_\_\_\_\_ Yrs \_\_\_\_\_ Mo

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Street City State

Was it a positive experience?  Yes  No

Reason for leaving: \_\_\_\_\_

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Are there any unusual factors in the child's life (e.g., absence of a parent, in-laws or grandparents in the home, accident/serious illness)?  Yes  No

If yes, please explain: \_\_\_\_\_

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Does your child make friends easily?  Yes  No

What are your child's strengths? \_\_\_\_\_

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List any special interests or activities: \_\_\_\_\_

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How do you perceive your child as a student? \_\_\_\_\_

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What areas of education do you desire for your child? \_\_\_\_\_

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What motivates your child to learning and action? \_\_\_\_\_

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What do you value as the greatest character trait your child demonstrates?

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What contribution does your child make to your family (e.g., chores, conversation, etc.)?

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What forms of discipline have you found to be effective with your child?

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Indicate any mental, emotional, physical, or learning disabilities which may affect your child's activities or progress: \_\_\_\_\_

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### Field Trip Permission Slip

I give my permission for \_\_\_\_\_ to participate in walking field trips limited to the church property at Olive Branch Community Church.

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

### Permission Slip

We have no objection to our child being included in any picture taken at Olive Branch Christian Preschool, which may be used for purposes such as the Olive Branch Christian School (OBCS) website, slide show presentations, and the year book.

It is understood that any such photos will only be done by the permission of the Preschool Director.

I have no objections to my child's picture being used.

I object to my child's pictures being used in this way.

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

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



## Preschool Financial Contract

### Tuition, Withdrawals, and Fees

Tuition is due on the first day of each month. All checks should be made payable to Olive Branch Christian School. Your canceled check is your receipt. Payment should be brought into the office or mailed to the school office:

Olive Branch Christian School  
Attn: Financial Administrator  
7702 El Cerrito Road, Corona, CA 92881

Payments received after the 5<sup>th</sup> of the month are considered late. You will be charged a late fee of \$25.00 if the payment is received after the 5<sup>th</sup> of the month and your child will not be allowed to attend school until payment is made in full. The position your child holds will be open to those on the waiting list and open enrollment. The parent or guardian is responsible for reporting any problems that may exist with tuition payments. A bank charge of \$25.00 will be imposed on all returned checks.

On the basis of Enrollment and Tuition Contracts, we do not refund any registration or tuition payments. The School incurs financial obligations for staff, facilities, and supplies; therefore, the contract is binding.

You agree to give the administrator a minimum of two (2) weeks' notice if you decide to withdraw your child from Olive Branch Christian Preschool.

A late fee of \$5.00 will be charged for every ten (10) minutes or portion thereof when your child is not picked up by the completion of the program in which the student is enrolled. Emergency situations will be taken into consideration as it relates to late fees.

Monthly tuition rates can be found on our website ([olive-branch.org/preschool](http://olive-branch.org/preschool)) and are subject to change at the discretion of the school.

Your monthly tuition rate: \$ \_\_\_\_\_



Person responsible for tuition obligation: \_\_\_\_\_

Email of person financially responsible for tuition: \_\_\_\_\_

**Mother's Information:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Cell: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL#: \_\_\_\_\_

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

**Father's Information:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Cell: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL#: \_\_\_\_\_

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

<b>Employee Use ONLY:</b>	Enrollment Forms Received On: ____/____/____	Time: _____
Payment Amount: _____ <input type="checkbox"/> Check (No. _____) <input type="checkbox"/> Cash		Coupon: _____
Employee Name: _____		



Preschool Emergency Card
for School Year: 20\_\_ to 20\_\_

Student Information:

Student's Name: Last First MI

Birth Date: / / Gender: M F

Parent Information:

Father's Name: Email:

Home: Cell: Work:

Mother's Name: Email:

Home: Cell: Work:

Emergency Contacts (at least two, other than parents):

1. Name Relationship Phone Number

2. Name Relationship Phone Number

Emergency Personnel:

Doctor: Phone #: ( ) -

Preferred Hospital: Phone #: ( ) -

Allergies:

Persons authorized to take child from the facility (include parent names):

- 1. 2. 3. 4. 5. 6.