

# A note on Tuition and Fees

\$75 Registration Fee

A Non-Refundable Annual Registration fee is due at the time of registration.

\$125 Annual Book Fee

A Non-Refundable Annual Book Fee Supply fee is due by June 1<sup>st</sup> (or at the time of registration.)

A monthly tuition payment is due the 1<sup>st</sup> of each month.

\$160/Month for K4

\$140/Month for K3

Tuition is due in full even when breaks occur in calendar. We follow the Lee County School system when selecting holidays, days out and staff planning days for our teachers.

Tuition payments are considered late after the 10<sup>th</sup> of the month and carry a \$10 late fee.

## ADDERETH CHRISTIAN PRESCHOOL

1104 East 280 Bypass, Suite B, Phenix City, AL 36867 (Physical)

P.O. Box 895 Smith Station, AL 36877 (Mailing)

334-614-2421 (School)

706-957-5377 (Marie Clark – Administrator)

## 2022~2023 STUDENT REGISTRATION FALL SESSION

Please indicate which class you would like your child to attend: **K-3** Or **K-4** (Circle One)

Child's Full Name: \_\_\_\_\_ Sex \_\_\_\_\_

Name child is usually called: \_\_\_\_\_

Current Age: \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Is child fully potty trained? Yes/No (Child must be fully trained by time school starts)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Address: (If different from above) \_\_\_\_\_

Father's name: \_\_\_\_\_

Address:(If different from above): \_\_\_\_\_

The child may be released to the person(s) signing this agreement, or to the following:

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

In the event parents cannot be reached, please list emergency contact:

Name & Phone Number: \_\_\_\_\_

Physician who treats child \_\_\_\_\_ Office Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Are child's immunizations up to date? YES / NO

Is immunization form attached? YES / NO

List any medications child is currently on prescribed for long-term continuous use, and any pre-existing illness, allergies or health concerns such as Speech delays, Seizures, ADHD, Autism, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies or foods to be avoided: \_\_\_\_\_  
\_\_\_\_\_

List any restrictions to activities or physical conditions we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amounts paid:

Dates Received:

Form of payment:

Responsible Party For Account:

## EMERGENCY MEDICAL AUTHORIZATION

We, the undersigned, are the parents or the legal guardian of \_\_\_\_\_, a minor, and have given our consent for him/her to be treated for injury or illness while in the care of Addereth Christian Preschool 2021-22 Fall Session. If he/she is injured while at the preschool and requires the attention of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital personnel refuse to administer without our consent, we hereby authorize director Tori Finnegan or any authorized member of the staff at Addereth Christian Preschool to give such consent for us if we cannot be reached by telephone at one of the numbers indicated on registration form or because of an emergency there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, we agree to hold such person free and harmless from any claims, demands, law suits and any and all liabilities for damages or otherwise arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. The undersigned will be liable for and agree to pay all costs and expenses incurred connected with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

PERSONAL INSURANCE INFORMATION: \_\_\_\_\_

COMPANY NAME POLICY / GROUP NUMBER: \_\_\_\_\_

Parents or guardians must sign AND notarize this form

PARENT SIGNATURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

\*\* NOTARY:

Sworn to and subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_ 2022 .

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

# Parental Agreement with Addereth Preschool

1. I acknowledge that my child will not be allowed to enter or leave the facility without being escorted by parent(s)/guardian(s) or a person authorized by the parent(s)/guardian(s), or facility personnel. I acknowledge that it is my responsibility to notify any authorized person picking up my child that they must provide proof of identification to facility personnel before my child will be released in their custody.

2. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. address, telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc.

3. I acknowledge that Addereth Christian Preschool agrees to keep me informed of any incidents, including illnesses, injuries, behavior problems, etc., relating to my child.

4. I acknowledge that it is the policy of Addereth Christian Preschool to inform me if my child bites or is physically aggressive, and that if this behavior continues that I will be responsible for picking my child up early from the preschool on any given day, and that if this behavior becomes habitual it may result in my child being removed from the preschool for the remainder of the school year.

5. I acknowledge that by State Law, Addereth Christian Preschool, its directors and employees are mandated reporters, and as such are required to report any indication of child abuse or neglect to the proper authorities.

6. I acknowledge that Addereth Christian Preschool agrees to obtain written authorization from me before my child participates in any routine transportation, field trips and special activities away from the facility.

7. I acknowledge that before any medication, including but not limited to, over-the counter medication, prescription medication, bug spray, sun screen, etc., is dispensed to my child, I will provide a written authorization provided by Addereth Christian Preschool, which includes: date; name of child; name of medication; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's full name marked on it.

8. I acknowledge that Addereth Christian Preschool uses a Facebook page and other forms of media for advertising and promotional purposes. These media outlets will include photographs of preschool functions and activities, to include the Addereth Christian Preschool students.

**I hereby give permission** and release and discharge Addereth Christian Center from any and all claims and demands ensuing from or in connection with the use of photographs and any pertaining information given, including, but not limited to, any and all claims for libel, slander and invasion of privacy or any other claim against Addereth Christian Center, its successors or assigns. \_\_\_\_\_ (initial)

**I DECLINE** to give permission and the release and discharge of any photographs and the pertaining information of my child and Addereth Christian Preschool \_\_\_\_\_ (Initial).

9. I acknowledge Addereth Christian Preschool notifies families using e-mail and Facebook and that it is my responsibility to check these sites on a regular basis.

10. I have received a copy and agree to abide by the policies and procedures for Addereth Christian Preschool.

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

## COVID19 Waiver

Addereth Christian Preschool will follow the suggestions and guidelines set by The Centers for Disease Control to the best of our ability.

I, \_\_\_\_\_ (*printed name of parent*), acknowledge that I understand that, under Alabama Law, there is no liability for an injury or death of an individual entering the premises of Addereth Christian Preschool. If such injury or death result from the inherent risk of contracting COVID19. I understand that I am assuming this risk when sending my child, \_\_\_\_\_ to Addereth Christian Preschool, Inc. located in the Addereth Christian Center Church facility.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

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

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

- I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional.
- I certify that there are no health-related reasons or problems which preclude my participation in this activity.
- I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Addereth Christian Center, Addereth Church, Addereth Christian Pre-School, Addereth, Inc. Donald Clark and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Addereth, Inc. and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

- I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.
- I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.
- The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Parent's printed name: \_\_\_\_\_ Signed: \_\_\_\_\_