



Grace Preschool Enrollment Application 2025-2026

CHILD'S NAME _____

AGE on September 30, 2025 _____ SEX _____ BIRTHDATE _____

NAME OF PARENT/GUARDIAN _____

MAILING ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

*ACTIVE MEMBER OF GRACE CHURCH YES NO

*HAD A CHILD PREVIOUSLY ATTEND GRACE YES NO

*YOUR CHILD IS FULLY POTTY-TRAINED YES NO

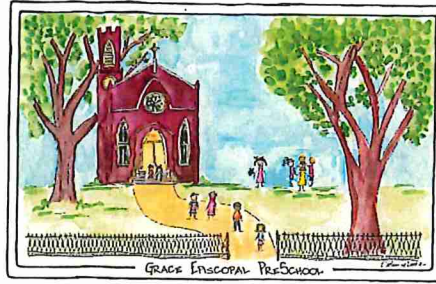
PLEASE CHECK PROGRAM SELECTION:

___ REGULAR DAY (7:30-3:15) \$575

___ AFTERCARE AS NEEDED

___ AFTERCARE DAILY

(Our instructional day will begin at 9AM, children may arrive anytime between 7:30 and 9:00)



Students will not be placed on the list for registration until these required forms are completed and requested documents returned by February 28, 2025.

- ___ All Required Forms (9 forms with star on top of page) ★
- ___ Copy of Current Immunization Records
- ___ Non- Refundable Registration fee of \$150 due now

** You will be notified that you have been accepted or placed on a waiting list before the end of March. Handing in the completed packet does not mean that your child is accepted. We can only accept 28 students.

Tuition may be paid in ten monthly installments: August – May. These payments are due by the 5th of each month. Tuition may also be paid in full if you choose.

**We accept payments in the form of a check, money order, or auto draft. Checks and money orders must be made payable to *Grace Preschool.*

**A supply fee of \$250 and August tuition of \$575 is to be paid at time of acceptance or by March 30. This will ensure your child's spot. This fee and tuition payment are NON-REFUNDABLE for any reason.



Letter of Agreement

I am the parent and/or legal guardian of _____.

I hereby make an agreement to enroll my child in the Grace Episcopal Church Preschool.

I believe that my child can enter the activities of his/her group and I delegate all responsibility for his/her care and control to the authorized staff of the school during the hours I leave him/her with them.

In the event the authorized staff of the school should deem it helpful and necessary to take the children on a non-vehicular excursion in connection with the study, I do hereby grant permission for my child to accompany the group in whatever manner the school might provide for such a trip. I authorize the staff to give emergency aid and treatment in case of injury or illness until either I or my family physician can be reached. I also authorize the Preschool to contact medical emergency services if needed.

If for any reason I should fail to call for my child by the time the Preschool closes and all attempts to reach me or the people designated for emergency calls fail, I empower the staff to make provisions for my child in whatever manner they deem necessary.

I understand that Grace Preschool charges an annual tuition and payments can be divided into ten equal installments that are due August 1st through May 1st. I understand payment is due by the 5th of each month and is paid a month in advance. I understand the first tuition installment is due upon receipt of acceptance letter into the program.

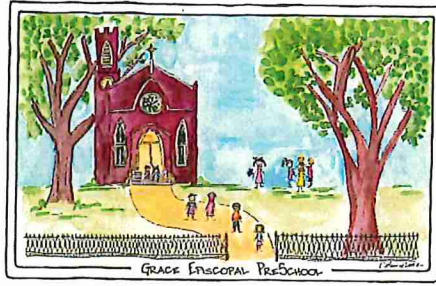
I agree to pay tuition of \$5750 per year, or \$575 per month (10 months) for attendance; if enrolled in extended care, \$14 per day will be added for after care, in addition to the monthly tuition.

I have already paid the Registration Fee of \$150. I understand that upon enrolling my child in the Preschool, I am obligated to pay tuition for the entire year even if I should withdraw my child from the program.

I have received, read, and agree to follow the policies and procedures as outlined in the Grace Episcopal Preschool Parent Handbook. I understand that by signing this form and enrolling my child in the Preschool, I agree to follow the policies and procedures of Grace Episcopal Preschool.

Signed: _____

Date: _____



Grace Preschool Registration Form

Child's Full Name: _____

Name used at home: _____

Date of Birth: _____

Potty Trained: Yes No

Mailing Address: _____

Physical Address: _____

E-mail Address: _____

Home Phone: _____

Father's Name: _____

Occupation: _____ Cell Phone: _____ Employer _____

Mother's Name: _____

Occupation: _____ Cell Phone: _____ Employer _____

Siblings (age, name, school): _____

School/ daycare child previously attended _____

Religious Affiliation/ Denominational Preference: _____

Church you attend: _____

A non-refundable enrollment fee of \$150 must accompany this form to secure a place for your child on the list of possible registrants.

Signature: _____

Date: _____

Printed Name: _____

11621 Ferdinand Street • P.O. Box 28 • St. Francisville, LA 70775 • 225.635.4030



Non- Vehicular Excursions Authorization

My child, _____, has my permission to participate in the following on-site activities when the children are walking and accompanied by staff of center:

Type of Activity:

Location of Activity:

Monthly Fire/ Tornado drills
Seasonal nature walks
Special events
Indoor recess
Children's church
Graduation

Grace Rectory driveway
Grace Church grounds
Jackson Hall parking lot/ Grace Church cemetery
Jackson Hall
Grace Church Sanctuary
Grace Church Sanctuary/Jackson Hall

Parents Signature: _____ Date: _____

Authorization for the application of Topical Products

Childs name _____

I give permission for center staff to apply the following topical products to my child whether center or parent provided.

(Yes) (No)
() () sunscreen
() () insect repellent
() () Neosporin

This one-time Authorization will remain in effect until a new one is signed.

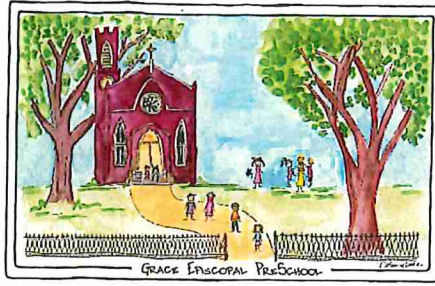
Parents signature: _____ Date: _____

Photo and Video Release

Place: Grace Episcopal Preschool, St. Francisville Date: _____

I _____ (parents printed name), Hereby grant the episcopal Diocese of Louisiana and/or Grace Church of West Feliciana Parish permission to use and publish the photographs, video and recorded audio taken of me or my child stated below for purposes of awareness raising, fundraising, and editorial use in all lawful media, printed or electronic. This consent will remain in effect until it is withdrawn by the person or the persons guardian.

Childs name: _____ Signed: _____



MEDICAL INFORMATION

YOUR CHILD'S DOCTOR _____ YOUR CHILD'S DENTIST _____

LIST ANY MEDICAL OR PHYSICAL PROBLEMS THAT YOUR CHILD HAS SUCH AS ASTHMA, HEART CONDITION, ALLERGIES, ETC.

IF IN A MEDICAL EMERGENCY, WE ARE NOT ABLE TO CONTACT YOU, DO WE HAVE YOUR PERMISSION TO TRANSPORT YOUR CHILD TO THE HOSPITAL?

YES or NO

IF IN AN EMERGENCY, WE ARE NOT ABLE TO CONTACT YOU, DO WE HAVE YOUR PERMISSION FOR YOUR CHILD TO BE TREATED IN THE EMERGENCY ROOM?

YES or NO

HAS YOUR CHILD HAD ANY DIFFICULTY WITH HIS/HER HEARING OR VISION? YES NO
IF YES, PLEASE EXPLAIN

HAS YOUR CHILD EVER HAD A SEIZURE? IF YES, WHEN, WHAT TYPE AND LIST MEDICATION.

DOES YOUR CHILD HAVE ANY ALLERGIES? IF YES, PLEASE EXPLAIN AND LIST ANY SPECIAL PRECAUTIONS NECESSARY.

DOES YOUR CHILD TAKE ANY MEDICATION ON A REGULAR BASIS? IF YES, PLEASE NAME MEDICATION AND CONDITION. _____

GENERAL HEALTH HABITS

Rest: Bedtime _____ Afternoon Nap? _____ Time? _____

Elimination: Any problems with toilet habits _____

Emotional Development: Fears: _____

Physical Development: Delays: _____

Concerns: _____

Any previous developmental testing/concerns YES _____ NO _____

If yes, please explain _____

Please add any other information you might wish which will contribute to a better understanding of your child and his/her needs. _____



EMERGENCY INFORMATION

IS YOUR CHILD PRESENTLY COVERED BY HOSPITALIZATION INSURANCE?
YES or NO

IF YES, PLEASE INDICATE NAME OF COMPANY AND POLICY NUMBER

COMPANY _____

POLICY NUMBER _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

**In an EMERGENCY or if your child is SICK, who is authorized to be called
or pick your child up if you cannot be reached?**

1. Name _____ Phone number _____

Relationship _____

2. Name _____ Phone number _____

Relationship _____

3. Name _____ Phone number _____

Relationship _____



Extended Care Policy

Grace Episcopal Preschool offers extended care to each of the students enrolled in the preschool program. For an additional \$14 per day, extended Care is available from 3:15PM to 5:00 PM. Children remaining at school after 3:15 PM will be placed in extended care and families will be billed the per diem rate of \$14 per day. Please note: **Extended care is only *until 5:00 in the afternoons***. If your child is not picked up by 5:00 pm, you will be charged a \$5 dollar per min after 5:00pm, due upon arrival.

Please indicate below extended care services your child will need:

- _____ **After-Care (1-2 days per week)**
- _____ **After-Care (3-4 days per week)**
- _____ **After-Care (every day per week)**
- _____ **Will not be using aftercare unless emergency.**

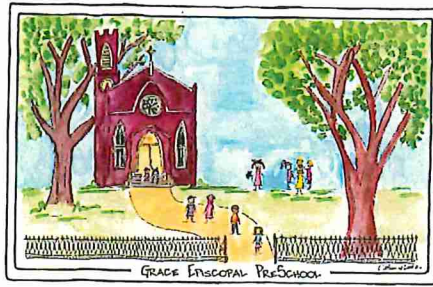
*****After care will be billed monthly using a daily rate.*****

***This form needs to be signed by all parents, even if you do not plan to use extended care services. In case of an emergency, you may need extended care services and will need the policy acknowledgement in your child's file.**

Child's Name: _____

Parent Signature: _____

Date: _____



Carpool Information

Child's Name _____ Home # _____

Father _____

Mother _____

Work# _____

Work# _____

Cell phone # _____

Cell phone # _____

My child is in a carpool with/or may be picked up/ dropped off by:

(Your list may as be as many names as you would like. If a person is not listed on this form, they are not allowed to pick your child up or drop them off. You may attach another paper if needed.)

Name _____

Cell phone # _____

Name _____

Cell phone # _____

Name _____

Cell phone # _____

Name _____

Cell phone # _____

Pickup time for students begins at 2:45 - 3:15 pm. For those students staying in After Care, pickup time is before 5:00pm.

If you are late picking up your child, there is a fine of \$5 per min. If there is a change in who has permission to pick up your child, please WRITE down their name and number and give it to one of the teachers.

Thank you for your cooperation,

Parent Signature _____