



# Enrollment Application

**OFFICE USE ONLY**

Registration Date \_\_\_\_\_  
Starting Date \_\_\_\_\_  
Registration Fee \_\_\_\_\_  
Tuition Amount \_\_\_\_\_  
Total Paid \_\_\_\_\_

Today's Date: \_\_\_\_\_

Expected Starting Date: \_\_\_\_\_

(Please check the appropriate class for your child)

Newborn  Toddler  3 Year Old Class  4 Year Old (Pre-Kindergarten)

Date of Birth: \_\_\_\_\_  Male  Female

Has your child ever been enrolled in any preschool or daycare before?  Yes  No

If yes, please list the last school that your child attended. \_\_\_\_\_

How did you hear about Promise Land Preschool? \_\_\_\_\_

Are you a tithing member of Hopewell Church?  Yes  No

If you are not a member of FCH, what church do you attend?

<b>STUDENT INFORMATION</b>	Student Name: _____ Nickname: _____
	Home Address: _____
	Street Address
	City _____ State _____ Zip _____
	Home Phone: _____ Other Phone: _____
	Place of Birth: _____ Social Security No.: _____
	Please list the names and ages of student's siblings.

PARENTY/GUARDIAN INFORMATION	Parent/Guardian #1: _____
	Relationship to Student: _____ Live with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address: _____
	Street Address
	_____
	City State Zip
	Home Phone: _____ Other Phone: _____
	Employer: _____ Work Phone: _____
	Will this person be the billing party? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Parent/Guardian #2: _____
Relationship to Student: _____ Live with student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____	
Street Address	
_____	
City State Zip	
Home Phone: _____ Other Phone: _____	
Employer: _____ Work Phone: _____	
Will this person be the billing party? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECONDARY PICK UP	<b>➔➔Your child will not be released to any person other than name listed below◀◀</b>
	Name #1 _____
	Primary # _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell Secondary # _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell
	Relationship to Student: _____ Live with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer: _____ Work # _____
	Name #2 _____
	Primary # _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell Secondary # _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell
	Relationship to Student: _____ Live with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Employer: _____ Work # _____

**MEDICAL INFORMATION**

Name of your child's physician or clinic: \_\_\_\_\_

Physician or clinic phone: \_\_\_\_\_

Physician or clinic address: \_\_\_\_\_

Name of medical insurance: \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_

Are there any physical conditions or allergies that we should know about?  Yes  No

If yes, please list: \_\_\_\_\_

Is your child taking any prescribed medicine?  Yes  No If yes, please list below: \_\_\_\_\_

**EMERGENCY CONTACT**

**ALTERNATIVE PERSONS TO CONTACT IN CASE OF AN EMERGENCY**

Name #1 \_\_\_\_\_

Primary # \_\_\_\_\_  Home  Cell Secondary # \_\_\_\_\_  Home  Cell

Relationship to Student: \_\_\_\_\_ Live with student?  Yes  No

If not, address: \_\_\_\_\_

Name #2 \_\_\_\_\_

Primary # \_\_\_\_\_  Home  Cell Secondary # \_\_\_\_\_  Home  Cell

Relationship to Student: \_\_\_\_\_ Live with student?  Yes  No

If not, address: \_\_\_\_\_

I understand that any false information on this application could be sufficient cause to be denied enrollment or to be dismissed from Promise Land Academy.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ENROLLMENT ACCEPTANCE BUT PROVIDES INFORMATION UPON WHICH A FINAL DECISION WILL BE MADE.**

# PROMISE LAND PRESCHOOL

## Consent Acknowledgement

A Ministry of Hopewell Church

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**Please read each of the following statements and sign at the bottom:**

In the event of an emergency, Promise Land Preschool has my permission to make use of emergency paramedics that may take my child to the closest available emergency facility as dispatched by their supervisors.

I understand that my child will participate in a wide range of activities while attending Promise Land Preschool, which include character building stories from the Bible and simple prayers.

I have read and agree to adhere to the parental regulations stated in the Promise Land Preschool Handbook.

I have read and agree to adhere to the discipline policies stated in the Promise Land Preschool Handbook and the Promise Land Preschool Discipline Philosophy and Policies statement.

I give permission to Promise Land Preschool for my child to participate in activities anywhere on the property of Promise Land Preschool and Hopewell Church.

I am aware that tuition payments must be paid for every week, regardless of holidays or illness. Payments cease only upon withdrawal. I am also aware that the registration fees in **NON-REFUNDABLE** and that there are no exceptions.

I am aware that weekly preschool payments are to be paid on the **Friday morning** preceding the week that service is rendered. I am also aware that I will be subject to a late fee if I fail to pay on the prescribed day. (“the preceding Friday morning”)

I am aware that I must notify a Promise Land Preschool staff person if anyone, other than those people previously listed on my registration form, desires to pick up my child/children. I understand that my child/children will not be released to any unauthorized persons. (Identification will be required.)

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PROMISE LAND PRESCHOOL Discipline Philosophy and Policies

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## **Promise Land Preschool Discipline Philosophy**

**Promise Land Preschool believes that positive and effective methods of discipline help to maintain a healthy environment conducive to learning and development, in addition to building strong character in children. Therefore, all Promise Land Preschool students are disciplined for the purpose of correction and training, and not for useless arbitrary punishment. We, at Promise Land Preschool, do not believe in using corporal punishment, belittlement, or other meaningless task as means of discipline.**

## **Promise Land Preschool Discipline Policy**

The following steps will be taken when a student is disciplined:

1. The negative behavior is privately discussed with the child including an explanation of why that particular behavior is unacceptable. Possible solutions to this behavior are discussed as well.
2. If a child continues to display the same negative behavior, a short period of timeout will be administered and the child's parent(s) will be notified.
3. If items 2 and 3 are not effective, the supervising adult will consult the preschool director to determine further actions. This may result in an interview by the director with the child and his/her parents.
4. If this behavior continues and is dangerous or disruptive to other children in the preschool, the director and/or administrator may request that the parent(s) have the child psychologically evaluated by a state licensed psychologist and/or may request that the child be removed from preschool
5. "Spanking" is not a discipline option at Promise Land Preschool.

I have read the "**Promise Land Preschool Discipline Philosophy and Policies**" statement and agree with all stated courses of discipline as well as Promise Land Preschool's discipline philosophy.

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Name (print)

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Signature

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Date

## PROOF OF INSURANCE COVERAGE

Promise Land Preschool carries the necessary insurance coverage required for its operation and minimal individual accident insurance coverage for my own child. In addition to the minimal insurance carried by Hopewell Church, my child, \_\_\_\_\_ is fully covered by my own health insurance policy.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insurance Company Phone Number

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



A Ministry of Hopewell Church  
3990 Loretto Road  
Jacksonville, FL 32223  
(904) 288-9700  
Maxine Williams, Director

## CONSENT OF RELEASE

I hereby, authorize the videotaping of my child, \_\_\_\_\_  
and/or the release of his/her name and achievement(s) for educational and other  
bona fide related purposes, and consent to the showing of these to any person(s). I  
also authorize the use of the videotape and/or other information in printed matter or  
other media for presentations of the Promise Land Preschool without further  
consent from me. I agree that such pictures shall be the property of the Promise  
Land Preschool.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Billing Party Information

Student(s) Name: \_\_\_\_\_

Name of billing party: \_\_\_\_\_

Billing Party Social Security Number: \_\_\_\_\_

Primary # \_\_\_\_\_  Home  Cell      Secondary # \_\_\_\_\_  Home  Cell

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

Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Payment Policy

Payments are due on the preceding Friday before 6:00 P.M. Any payment received after 6:00 P.M. Friday will incur a \$15.00 late fee per child.

All payment should be submitted to the Preschool Office or placed in the designated payment boxes. Checks should be made payable to the Promise Land Preschool. Please write your child’s name on your check including the last name if different from the last name indicated on your check.

There is a \$29.00 fee for checks returned to us by your bank. Future payments will be accepted in cash or money order only. We do not re-deposit returned checks.

**\*\*Any balance left unpaid after withdrawal or termination will be submitted to the attorney representing Promise Land Preschool for collection. The parent will then be required to pay the balance due as well as any fees incurred in the collection process including attorney’s fees.**

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**I have read and agree to adhere to the payment policy established by Promise Land Preschool.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





Authorization Form  
School Year 20 \_\_\_\_ - 20 \_\_\_\_

I hereby certify that I am the legal parent/guardian of \_\_\_\_\_  
(Child's First and Last Name)

And give my permission for the following:

**PLEASE READ AND INITIAL EACH SECTION FOR PERMISSION**

**TERMINATION POLICY** \_\_\_\_\_

In the event Promise Land Preschool has to close for unforeseen circumstances, we will transfer appropriate records in ample time.

**PHOTO RELEASE** \_\_\_\_\_

I give my permission for my child's photograph or video image to be taken while he/she is enrolled at the Promise Land Preschool. Such images may be posted in classrooms or other appropriate places within the school, used in school presentations or promotional materials and in the yearbook. I understand that I may terminate the permission at any time in the future by notifying the school office in writing.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE** \_\_\_\_\_

In order to meet all legal requirements, I hereby authorized the director of Promise Land Preschool, or the person in charge in the event of her absence, to give my consent for any and all necessary emergency medical treatment for my child while said child is in said individual's custody.

In the event of serious illness or accident, and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic or hospital for immediate attention. I also guarantee payment of all charges incurred as a result of this medical treatment.

**AUTHORIZATION TO TRANSPORT** \_\_\_\_\_

I give my permission for the transport of my child for field trips. In the event of an emergency that requires the school to vacate the premises and I or my contacts are unreachable. I hereby authorize the director of Promise Land Preschool, or the person in charge in the event of her absence, to transport my child to a safe environment until I can be reached.

**INFORMATION:**

Allergies to food, medication, etc. (if none, so state): \_\_\_\_\_

Special medical problems (if none, so state): \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Insurance Company (if none, so state): \_\_\_\_\_

Insurance Policy of Group Number: \_\_\_\_\_

Signature of Parent/Guardian – **in the presence of a notary**

\_\_\_\_\_ Date

**State of Florida**

County of \_\_\_\_\_

Sworn to and subscribed before me in the aforementioned State and County this \_\_\_\_ day of \_\_\_\_, in the year \_\_\_\_, personally appeared \_\_\_\_\_ who is personally known to me or who has produced Florida Driver's License # \_\_\_\_\_ as identification and who did not take an oath

\_\_\_\_\_  
Notary Public, State of Florida

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_