



PREMIER™
PRESCHOOL
OF GAINESVILLE

2022-2023 SCHOOL YEAR REGISTRATION FORM

1 STUDENT INFORMATION

Name:	<input type="text" value="FIRST"/>	<input type="text" value="LAST"/>	
Birthdate:	<input type="text" value="MM/DD/YY"/>	Age: <input type="text" value="MONTHS/YEARS"/>	Sex: <input type="checkbox" value="MALE"/> <input type="checkbox" value="FEMALE"/>
Address:	<input type="text" value="STREET"/>	<input type="text" value="UNIT"/>	
	<input type="text" value="CITY"/>	<input type="text" value="STATE"/>	<input type="text" value="ZIP CODE"/>

2 PARENT/GUARDIAN INFORMATION

Name:	<input type="text" value="FIRST"/>	<input type="text" value="LAST"/>
Relationship:	<input type="text" value="PARENT - GUARDIAN - GRANDPARENT - ETC"/>	Phone: <input type="text" value="XXX.XXX.XXXX"/>
Email:	<input type="text" value="NAME@EMAIL.COM"/>	
Address:	<input type="text" value="STREET"/>	<input type="text" value="UNIT"/>
	<input type="text" value="CITY"/>	<input type="text" value="STATE"/>
Employer:	<input type="text" value="STREET"/>	
Occupation:	<input type="text" value="POSITION"/>	Work Phone: <input type="text" value="XXX.XXX.XXXX - EXT"/>
Employer Address:	<input type="text" value="STREET"/>	<input type="text" value="UNIT"/>
	<input type="text" value="CITY"/>	<input type="text" value="STATE"/>

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PARENT/GUARDIAN INFORMATION (CONT.)

Name:	FIRST	LAST	
Relationship:	PARENT - GUARDIAN - GRANDPARENT - ETC	Phone: XXX.XXX.XXXX	
Email:	NAME@EMAIL.COM		
Address:	STREET	UNIT	
	CITY	STATE	ZIP CODE
	Employer: STREET		
Occupation:	POSITION	Work Phone: XXX.XXX.XXXX - EXT	
Employer Address:	STREET	UNIT	
	CITY	STATE	ZIP CODE

****Please note that the school must have a copy of driver's licenses belonging to anyone picking up your child prior to his/her release from the Premier Preschool into their care.****

3

EMERGENCY CONTACT

Name:	FIRST	LAST
Relationship:	PARENT - GUARDIAN - GRANDPARENT - ETC	Phone: XXX.XXX.XXXX
Name:	FIRST	LAST
Relationship:	PARENT - GUARDIAN - GRANDPARENT - ETC	Phone: XXX.XXX.XXXX
Name:	FIRST	LAST
Relationship:	PARENT - GUARDIAN - GRANDPARENT - ETC	Phone: XXX.XXX.XXXX
Name:	FIRST	LAST
Relationship:	PARENT - GUARDIAN - GRANDPARENT - ETC	Phone: XXX.XXX.XXXX

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PERSONS AUTHORIZED
TO PICK UP CHILD

Name:

Relationship: Phone:

Driver's
Licence:

Name:

Relationship: Phone:

Driver's
Licence:

Name:

Relationship: Phone:

Driver's
Licence:

Name:

Relationship: Phone:

Driver's
Licence:

Name:

Relationship:

Name:

Relationship:

Name:

Relationship:

5

DO NOT RELEASE
CHILD TO

6

CHILD'S MEDICAL INFORMATION

Primary Physician

Practice Name Phone:

Address:

Dentist

Practice Name Phone:

Address:

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

Current immunization record attached? YES NO

Known Allergies: MILK SOY EGGS PEANUTS WHEAT TREE NUTS SHELLFISH FISH OTHER

In Case of Reaction:

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CHILD'S MEDICAL INFORMATION (CONT.)

Current Medications:	NAME OF MEDICATION	DOSAGE
	NAME OF MEDICATION	DOSAGE
	NAME OF MEDICATION	DOSAGE
	NAME OF MEDICATION	DOSAGE

Past Medical History	PLEASE LIST HEALTH CONDITIONS, SURGERIES, COMMUNICABLE DISEASES, HOSPITALIZATIONS, ETC.

Special Instructions for Care:	IF APPLICABLE

By signing below, you affirm that all information provided is true to the best of your knowledge. Parent/guardian understands that it is their sole responsibility to inform the Premier Preschool of any changes in the information provided and understands that providing any false information could result in the termination of the child's enrollment, forfeiture of retainer, or both and may be punishable by law.

Parent/Guardian Signature	SIGNATURE	DATE
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Parent/Guardian Signature	SIGNATURE	DATE
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Premier Preschool Director's Signature:	SIGNATURE	DATE
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PREMIER™
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 OF GAINESVILLE

2022-2023 TUITION AGREEMENT

We are honored to be serving you and your family during this critical educational time. The operation of Premier Preschool is tuition based; therefore, for the school to operate smoothly, families must honor their financial obligations. We believe that this commitment is an investment in your child's educational and spiritual foundation and will be honored throughout the course of their lives.



Name:

Birthdate: Age:

Class Enrollment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BABY ROYALS 8 weeks - 12 months monthly \$1,250 weekly \$312.50	KNIGHTS & LADIES 1 Year-Olds monthly \$1,100 weekly \$275	DUKES & DUCHESSES 2 Year-Olds monthly \$1,040 weekly \$260	PRINCES & PRINCESSES 3 Year-Olds monthly \$982 weekly \$245.50	KINGS & QUEENS 4 - 5 Year-Olds monthly \$925 weekly \$231.25	VPK 5+ Year-Olds monthly \$625 weekly \$156.25

INITIALS OFFICIAL USE

REGISTRATION FEE & SECURITY DEPOSIT

\$120 non-refundable registration fee is due alongside an additional \$200 security deposit. If proper 2 week written notice is given, Premier Preschool will issue a credit in the amount of \$200 towards your final monthly tuition fees.

INITIALS OFFICIAL USE

TUITION PAYMENT

All tuition payments are due by the 5th of every calendar month. All families are responsible for meeting their tuition obligation to Premier Preschool on a timely basis.

INITIALS OFFICIAL USE

MATERIALS COST

In order to make it easier for our parents, there is a \$50 materials fee added to tuition every quarter for additional materials and supplies needed for your child's class. This also gives our parents one less to worry about as no additional supply list will be requested.

INITIALS OFFICIAL USE

LATE PAYMENTS

All late payments incur a \$25.00 late fee if not paid by the 5th of each month. If a payment is not made for the current month, and arrangements have not been made in the office, your child may be asked not to return to school until the account is made current. Registration fees are non-refundable.

INITIALS OFFICIAL USE

RETURNED CHECK FEE

A \$50 returned check fee will be assessed for any check returned to as non-payable.

I agree to the above policies/procedures for enrollment and agree to make payments by the 5th of every month in full for the amount of _____ for my enrolled child.

Parent/Guardian Signature

SIGNATURE

DATE

Parent/Guardian Signature

SIGNATURE

DATE



PREMIER™
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PHOTOGRAPHY RELEASE FORM

Dear Parent,

Premier Preschool often photographs our students as a means to share their small and large victories online, keep parents up-to-date, or illustrate our services and school environment. We use these photos on internal communications, social media posts, marketing collateral, and/or other school-related publications. For the safety of our students, private details will never be posted alongside a child's photo.



STUDENT INFORMATION

Name:

Birthdate:

Age:



YES!

I give permission for my child to be a model for Premier Preschool

- I understand that my child whose name is listed above may be photographed at school during normal school hours, field trips or other activities.
- I give permission for my child's photographs to be posted on the website, Facebook, newsletters, or any other school-related publication.
- I understand that I have the right to request, in writing to have a photo removed from the website or Facebook.

NO.

I DO NOT give permission for my child to be a model for Premier Preschool.

Parent/Guardian
Signature

Parent/Guardian
Signature



PREMIER
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OVER-THE-COUNTER MEDICATION FORM



STUDENT INFORMATION

Name:

Birthdate: Age:

I authorize my child's care provider, Premier Preschool, to use the following over-the-counter or topical treatment as needed on my child, _____, according to the manufacturer or a physician's written instructions.

NOTE: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), we will need a physician's note with the appropriate dosage and instructions.



AUTHORIZED MEDICATIONS

SUNSCREEN	INSECT REPELLENT	MENTHOLATUM	NEOSPORIN/ SIMILAR OINTMENT	BACTINE/SIMILAR FIRST AID SPRAY	BABY LOTION	BABY POWDER	ICE PACK
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NAME OF MEDICATION	USE	DOSAGE
NAME OF MEDICATION	USE	DOSAGE
NAME OF MEDICATION	USE	DOSAGE
NAME OF MEDICATION	USE	DOSAGE

Details for over-the-counter treatments provided by parent:

Please note: All non-prescription treatments must be in the original container clearly labeled with the child's name.

Parent/Guardian Signature	SIGNATURE	DATE
Parent/Guardian Signature	SIGNATURE	DATE



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PRESCRIPTION MEDICATION FORM



STUDENT INFORMATION

Name:	FIRST	LAST
Birthdate:	MM/DD/YY	Age: MONTHS/YEARS

I authorize my child's care provider, Premier Preschool, to use the following over-the-counter or topical treatment as needed on my child, _____, according to the manufacturer or a physician's written instructions.

NOTE: If the directions for use are not specific on the container, (such as Tylenol for a child under the age of 2), we will need a physician's note with the appropriate dosage and instructions.



AUTHORIZED MEDICATIONS

Medication 1:	NAME OF MEDICATION	USE	DOSAGE
	DATE	LENGTH	
Medication 2:	NAME OF MEDICATION	USE	DOSAGE
	DATE	LENGTH	
Medication 3:	NAME OF MEDICATION	USE	DOSAGE
	DATE	LENGTH	
Additional Notes:	IF APPLICABLE		

Please note: All prescription treatments must be in the original container clearly labeled with the child's name.

Parent/Guardian Signature	SIGNATURE	DATE
Parent/Guardian Signature	SIGNATURE	DATE