



## Fall 2026-Spring 2027 Enrollment Information

Thank you for enrolling your child in Springwood Playschool! Our mission is to provide children with a safe, fun-filled, and loving learning environment in which each child can develop a sense of his/her own uniqueness and belovedness, while also learning to function well in community. Our goal is that children develop a life-long love for God, others, and learning. We look forward to serving your family in the next school year.

We are inclusive and respectful, and we welcome diversity in culture, religion, race, gender, ability.

**Please note the following enrollment information:**

1. Explanation of Fees:

- *Non-refundable Enrollment Fee:* **\$75** for first child in family, (\$50 for each additional child) due with the Enrollment Form.
- *One month of tuition* is due with the submission of the Enrollment Form:

**3-Year-Old Class:** 9am-noon, 5 days/week (Mon, through Fri,) \$280 per month

**4-Year-Old Class:** 9am-noon, 5 days/wk (Mon, through Fri, ) \$280 per month

This is what holds your child's place for the coming school year at Playschool, and is applied to September's tuition. Tuition Fees are then due monthly on the first of each month beginning on October 1, and subsequently are due on the first of every month. (Tuition not received on time will incur a \$10 late fee.)

- *One-time Snack and Supply Fee* is due no later than opening day.

**3 year old class:** \$120

**4 year old class:** \$120

2. Payment of all fees may be made by cash, Venmo, or check payable to *Springwood Presbyterian Church*. For payments made through our website via PayPal, *please add 3.5% service charge to your payment amount.*

3. An Immunization Record/Medical Form and Emergency Medical Information Form for your child must be on file in the Playschool Office before your child begins school in September. (Springwood Playschool does not accept medical or religious exemptions for immunizations.)

Questions? Please call the Playschool Office at (336) 449-6998 or email [Playschool@springwoodchurch.org](mailto:Playschool@springwoodchurch.org).

We are very excited about our upcoming year at Springwood Playschool! If you know of family or friends who are looking for a quality Early Childhood program, we would appreciate your referral. We will be happy to give a tour of the facility if they would call the Playschool Office and schedule an appointment. Thank you for your interest and support of Springwood Playschool! Enrollment Forms and Medical Consent Forms follow.



## Springwood Presbyterian Church Playschool 2026-27 Enrollment Form

Child's Name: \_\_\_\_\_  
Last First Middle (Name Called)

Birth Date (MM/DD/YY)\_\_\_\_\_ Gender \_\_\_\_\_

**Please indicate the class for which you would like to enroll.** (Your child must be the age of the class by August 31<sup>st</sup> of the year entering school.)

\_\_\_\_\_ 3-year-old class: 9am-noon, 5 days/wk (Mon - Fri,) \$280 per month (plus one-time \$120/year snack & supply

\_\_\_\_\_ 4-year-old class, 9am-noon, 5 days/wk (Mon-Fri) \$280 per month (plus one-time \$120/year snack & supply)

**Parent/Guardian 1: Full Name**\_\_\_\_\_

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

Street Address & Apt. Number\_\_\_\_\_

City, State, Zip Code\_\_\_\_\_

Email Address\_\_\_\_\_

Employer\_\_\_\_\_

**Parent/Guardian 2: Full Name**\_\_\_\_\_

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

Street Address & Apt. Number\_\_\_\_\_

City, State, Zip Code\_\_\_\_\_

Email Address \_\_\_\_\_

Employer\_\_\_\_\_

**Other children in the family:**

Name	Birthday(MM/DD/YY)
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Name Birthday(MM/DD/YY)

#1 \_\_\_\_\_ #3 \_\_\_\_\_

#2 \_\_\_\_\_ #4 \_\_\_\_\_

**Are you a member of Springwood Presbyterian Church? Yes \_\_\_\_\_ No\_\_\_\_\_ Has your child had any previous preschool experiences? If so, where and when?**

**Please tell us about your child's:**

Interests, likes, or dislikes: \_\_\_\_\_

Fears: \_\_\_\_\_

Eating habits: \_\_\_\_\_

Special needs or concerns: \_\_\_\_\_

**Any known allergies?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe allergy, symptoms, and treatment: \_\_\_\_\_

If yes, EpiPen? Yes \_\_\_\_\_ Expiration Date \_\_\_\_\_ No \_\_\_\_\_

**Is your child toilet trained?** Yes \_\_\_\_\_ No \_\_\_\_\_ Is there anything you want us to know about this? \_\_\_\_\_**Persons Authorized to Pick Up Child:**

I authorize Springwood Presbyterian Playschool to release my child to the following person/people in the event I am unable to pick up my child.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I certify that all the information above is true and correct to the best of my knowledge. I have read the school policies and signed the medical consent form, and I wish to enroll my child. I am submitting a \$75 non-refundable Enrollment Fee made payable to *Springwood Presbyterian Church* (\$75 for first child, \$50 for each additional child). I understand that September's tuition payment is due with enrollment forms in order to guarantee my child's place.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Print \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Office Use Only:****Registration Fee Received:** Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Staff Init. \_\_\_\_\_**Snack & Supply Fee Rec'd:** Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Staff Init. \_\_\_\_\_**September Tuition Received:** Check # \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Staff Init. \_\_\_\_\_

## Springwood Presbyterian Church Playschool

### Emergency Medical Information, Health History, and Parental Consent Form Child's Full

Name: \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_

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

#### Emergency Phone Numbers:

Parent/Guardian #1: Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Parent/Guardian #2: Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**If parents/guardians cannot be reached in the event of illness or accident, please call:** (Emergency Contacts should be local and available to pick up your child if needed. Their name in this section gives permission for your child to be released into their care if you are unavailable.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

#### MEDICAL PROCEDURE:

- **In the event that a child becomes ill**, the school will attempt to contact parents immediately. If the parents cannot be reached, the school will call the other contacts listed above. If none of these are available, the teachers will make the child as comfortable as possible and continue efforts in locating parents and other listed contacts.
- **In the event of an injury**, the same procedure as above will be followed. If the injury is severe, the above will be implemented after a call to the child's physician or a call to the 911 emergency number. ● **In the event that CPR is needed**, one of the trained teachers will administer CPR while another teacher calls 911 and the parents.
- **In the event that emergency services personnel deem it necessary for the child to be seen by a physician** and the parents are unavailable, a teacher will accompany the child in emergency transport (if allowed), or will meet the child at the hospital. Efforts to reach parents will be continued.

Medical Insurance Carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

#### Medical Emergency Authorization

I grant permission to the Springwood Presbyterian Church Playschool authorities present during any emergency or accident involving my child, \_\_\_\_\_, to obtain the services of a physician and/or to transport my child to a hospital. I also grant permission to the physician to treat my child unless I am present and request otherwise.

Parent's/Guardian's Printed Full Name: \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Please turn over and complete the Health History.**

### Health History for Playschool and Medical Personnel

**Is the child allergic to anything or any medications?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe allergy, symptoms, treatment: \_\_\_\_\_

**Date of child's last physical exam:** \_\_\_\_\_ Same physician as listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, then name of last exam Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Is the child currently under a doctor's care?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for what reason?

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

Is the child on any continuous medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

Any previous operations or hospitalizations? If yes, when and for what?

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

Any history of previous significant disease or recurrent illness? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what and when?

\_\_\_\_\_

Any history of seizures? Yes \_\_\_\_\_ No \_\_\_\_\_ Any history of heart problems? Yes \_\_\_\_\_ No \_\_\_\_\_ Last episode \_\_\_\_\_

Does the child have any known physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

Does the child have any known developmental disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

Does the child have any known speech or language delays? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

Has your child received treatment for any of the above? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I understand that Springwood Playschool will hold all health information regarding my child confidential.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only:

Immunization Record Received: Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_



# PHOTO RELEASE FORM

Your child's(ren) safety and privacy are of utmost importance to Springwood Playschool/Church.

I, \_\_\_\_\_ understand that my child(ren) whose name(s) are listed below may be photographed at the Preschool during normal preschool hours or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

Springwood may use your child's(ren) image on various platforms. You may give full or partial consent for your child(ren)'s image to be used at Springwood Playschool/Church.

I give Springwood Playschool/Church to use my child's image on the following platforms. (Check the boxes):

- ☐ Playschool Classroom Private Facebook page (Closed page, only open to staff and other parents)
- ☐ Church's Sunday Service (Slides for Sunday service for church members and visitors only)
- ☐ Church's Website (open to anyone on the internet)
- ☐ Marketing/Promotional/Advertising material (flyers, brochures, newsletters, etc.)
- ☐ Church's Facebook page (open to anyone)

**-or-**

- ☐ I do not grant permission for my child's(ren's) image to be used on any platform.

I understand it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree this form will remain in effect during the term of my child's enrollment. I understand I can change consent at any time.

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