



Preschool Enrollment Form

Start Date: _____

DHS Certificate #: _____

Child's First Name: _____ MI: _____ Child's Last Name: _____

Date of Birth: _____ Gender: _____

Child's Race/Ethnicity: _____ Healthcare Insurance: _____

Parent/Guardian: Parent Grandparent Guardian

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Residential Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Cellphone: _____ Work Phone: _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ Healthcare Insurance: _____

Place of Employment: _____ Full Time Part Time

Active Duty Military/ Veteran: Yes No YOUR Annual/Monthly Income: _____

Parent/Guardian: Parent Grandparent Guardian

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Residential Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Cellphone: _____ Work Phone: _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ Healthcare Insurance: _____

Place of Employment: _____ Full Time Part Time

Active Duty Military/ Veteran: Yes No YOUR Annual/Monthly Income: _____



DR. MARTIN LUTHER KING, JR.
COMMUNITY CENTER

Other Household Member: Child Sibling Parent Other

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Cellphone: _____ Work Phone: _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ Healthcare Insurance: _____

Place of Employment: _____ Full Time Part Time

Active Duty Military/ Veteran: Yes No YOUR Annual/Monthly Income: _____

Other Household Member: Child Sibling Parent Other

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Cellphone: _____ Work Phone: _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ Healthcare Insurance: _____

Place of Employment: _____ Full Time Part Time

Active Duty Military/ Veteran: Yes No YOUR Annual/Monthly Income: _____

Other Household Member: Child Sibling Parent Other

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Cellphone: _____ Work Phone: _____

E-Mail Address: _____

Living Situation: Rent Own Live with Family/Friend

Race/Ethnicity: _____ Healthcare Insurance: _____

Place of Employment: _____ Full Time Part Time

Active Duty Military/ Veteran: Yes No YOUR Annual/Monthly Income: _____



Preschool Financial Agreement

Rate Per Week: Five Days: \$170 Four Days: \$136 Three Days: \$102 (M, Tues, Wed, Thurs, Fri)

- Full payments are due the Friday of each week
- We accept check, money order, debit/credit card, and cash
- There will be a \$20 returned check fee on any checks unable to be cashed
- Two weeks of DHS co-pay & or weekly fees can be waived in a calendar year with prior notification
- Payments will remain the same if child is absent or if the center is closed for inclement weather.

Parent Signature: _____

Date: _____

Preschool Parent's Agreement

1. I agree to the enrollment of my child, _____ with the Dr. Martin Luther King, Jr. Community Center Preschool. I agree that The MLKCC Preschool will not be responsible in any case of illness or injury of my enrolled child while in attendance at the facility or in transit to and from the facility
2. I agree that in the case of accident or injury, emergency medical care may be given in the event I cannot be contacted immediately
3. I agree for my child to take part in field trips or excursions under the proper supervision of The MLKCC Preschool staff
4. I agree that I have received and understand The MLKCC Preschool policies and procedures
5. I **DO** **DO NOT** give permission to the Dr. Martin Luther King, Jr. Community Center and/or their authorized agents and partners to use photographs, videos, audio of, and attribute direct quotes to my child in their public relations materials and/or other promotional activities without the need for payment, royalties, approval, inspection, or other considerations
6. The MLKCC Preschool policy, for you and your child's protection, is to release your child only to you. If another relative/friend is to pick up your child, you must notify The MLKCC Preschool at (401) 846-4828, or by a note with the name of the person picking up your child followed by your signature
7. I agree that I will be charged a fee of \$1 a minute after closing time of 5:00 pm
8. I will notify The MLKCC Preschool when my child is expected to be tardy or absent
9. I agree that all information will be updated on an annual basis

Parent Signature: _____

Date: _____

The Martin Luther King Community Center prohibits discrimination on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, gender identity and expression, genetic information, and any other class of individuals protected from discrimination under state or federal law in any aspect of the access to, admission, or treatment of students in its programs and activities, or in employment and application for employment.



My Child's Social Relationships

1. Has your child experienced playing with other children? Yes No

2. By nature is your child:

Shy Friendly Aggressive

3. Describe your child's strengths:

4. Do you have any concerns about your child?

5. How does your child show emotion?

6. How do you discipline your child?

7. Has your child been separated from either parent? Yes No

a. Which parent? _____

b. Why was your child separated from this parent?

8. Has your child attended any other daycare or preschool? Yes No

a. If yes, what is the reason for leaving?



Preschool Parent Authorization for Emergency Treatment

In consideration of admittance, I hereby authorize The Dr. Martin Luther King Jr. Community Center Preschool to arrange for medical examination and/or treatment of my child, _____.

Should an emergency / evacuation arise at The MLKCC Preschool or on an outing, it is understood that a conscientious effort will be made by The MLKCC Preschool to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer my child be taken to _____ Hospital, should the need arise. I understand that the choice of hospital may be limited by service of local rescue services.

My Child's Health Insurance Plan: _____

Policy Number: _____

Signature Parent/Guardian Phone Number Business Phone Number

Signature Parent/Guardian Phone Number Business Phone Number

Emergency and Pick-up Authorization

First & Last Name: _____ **Relationship to Student:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____ **Work Phone:** _____

First & Last Name: _____ **Relationship to Student:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____ **Work Phone:** _____

First & Last Name: _____ **Relationship to Student:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone Number: _____ **Work Phone:** _____