



# The Drop In Center at CCNS

## ANNUAL REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

SCHEDULE REQUESTED: (circle days) M T W TH F

APPROXIMATE TIMES \_\_\_\_\_

DOES YOUR CHILD ATTEND CCNS? IF SO, WHICH CLASS \_\_\_\_\_

PARENT NAME(S) \_\_\_\_\_

PARENT EMAIL(S) \_\_\_\_\_

PARENT PRIMARY PHONE #(S) \_\_\_\_\_

**Please include the annual registration fee of \$75 with this form.**

*The \$75 Drop In registration fee is waived for all students who are attending CCNS starting September, 2020.*

**Please review the following and sign at the bottom:**

*I do hereby waive, release and hold harmless Christ Church Nursery School, its officers, trustees, counselors, volunteers and employees for any injury that may be suffered by my child in the normal course of participation in activities, whether the result of negligence or any other cause.*

*I confirm that my child is in good health and fully immunized. I grant permission for my child to participate in all indoor and outdoor school activities, including fire drills and walks on school and Church property. I also understand that my child will only be released to parents or emergency contacts unless authorization is issued by me to the school, in advance.*

*I understand that the school relies on prompt and regular tuition payments to cover all expenses for all Nursery School classes and that I am making a commitment to complete the school year through mid-June. I also understand that all tuition payments are non-refundable.*

*I understand that Drop In hours are billed monthly and that invoices are emailed. I also understand that monthly balances should be paid in full by the 15<sup>th</sup> of each month.*

*I understand that CCNS strongly discourages parents from engaging CCNS staff members as babysitters, especially as driving sitters.*

*I trust the staff of CCNS to administer first aid to my child and, if necessary, be transported to emergency care. I consent for them and/or my emergency contacts listed on this form to act on my behalf until I am available. I also understand that it is my responsibility to keep all emergency and medical information, including medication, updated and current. **In the event of a severe allergic reaction, I give permission to the staff of CCNS and Drop In to administer the recommended dosage of Benadryl to my child, if I cannot be contacted by phone.***

*I grant permission for PACCNS (Parent Association of Christ Church Nursery School) to publish my personal information (name, address, home phone, cell phone and email address) in the annual school directory. I also understand that candid photos of my child may be published in the quarterly school newsletter, the local paper, school website, the school yearbook and the School/Church Facebook and Instagram pages.*

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

***Thank you!***

***We look forward to working with you and your child in the Drop In Center at CCNS!***