

# DEEP RUN PRESBYTERIAN NURSERY SCHOOL REGISTRATION/EMERGENCY CONTACT FORM

(PLEASE PRINT CLEARLY & FILL OUT BOTH SIDES OF THIS FORM)

CLASS \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ NAME USED AT SCHOOL: \_\_\_\_\_ M OR F

CHILD'S HOME ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOTHER/GUARDIAN'S NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ MOTHER'S OCCUPATION: \_\_\_\_\_

MOTHER'S CELL NUMBER: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_

MOTHER'S WORK NUMBER: \_\_\_\_\_ DAYS/HOURS AT WORK: \_\_\_\_\_

FATHER/GUARDIAN'S NAME: \_\_\_\_\_

FATHER'S CELL NUMBER: \_\_\_\_\_ FATHER'S OCCUPATION: \_\_\_\_\_

FATHER'S WORK NUMBER: \_\_\_\_\_ WORK ADDRESS: \_\_\_\_\_

MARITAL STATUS OF PARENTS: \_\_\_\_\_ Name of person Financially Responsible for this child \_\_\_\_\_

CHILD RESIDES WITH: BOTH PARENTS \_\_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_ OTHER (please list) \_\_\_\_\_

NAME OF ALL ADULTS LIVING IN HOUSEHOLD (OTHER THAN PARENTS):  
\_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

NAME OF OTHER CHILDEN LIVING IN HOUSEHOLD  
\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

ARE THERE ANY PETS IN YOUR HOUSEHOLD? PLEASE LIST ALL PETS AND PETS NAMES.

\_\_\_\_\_

*If parents are not available, list 2 people (other than yourself) WITH TRANSPORTATION who will be available and willing to assume temporary care of your child. Please make sure these people know that you have used their name and telephone number for emergency purposes. (Local friend, Relative, Neighbor, Co Worker etc.)*

EMERGENCY CONTACT #1 NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMERGENCY CONTACT #2 NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

Person(s) other than yourself authorized to transport your child to/from school, *including those in your carpool*: (If you want to make any changes during the school year, please do this in writing to the preschool office.)

Name	Phone Number	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Medical/Health History Form

Name of Medical Practice: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Health Information

Health concerns	Y	N	Orthopedic concerns	Y	N	Asthma	Y	N
Allergies to food or bee/insect stings	Y	N	History of physical or medical problems	Y	N	Seizures	Y	N
Allergies to medication	Y	N	Hearing concerns	Y	N	Other neurological concerns	Y	N
Other allergies	Y	N	Speech concerns	Y	N	Diabetes	Y	N
Daily/ongoing medications	Y	N	Cardiovascular concerns	Y	N	Toilet trained	Y	N

Explain all "yes" answers or provide any additional information necessary (use additional pages if necessary):

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Has your child had the following immunizations:

DTAP	Y	N	Polio	Y	N	MMR	Y	N
Hib	Y	N	Chicken Pox	Y	N	PCV	Y	N
IPV	Y	N	Hepatitis B	Y	N	Flu Shot	Y	N

## Developmental Information

**Do you have any concerns about your child's:**

Ability to participate in physical activities	Y	N	Ability to understand directions	Y	N	Ability to communicate needs	Y	N
Social development	Y	N	Core strength	Y	N	Interaction with others	Y	N
Emotional development	Y	N	Fine motor skills	Y	N	Behavior	Y	N
Separation anxiety	Y	N	Pronounced fears	Y	N			

Explain all "yes" answers or provide any additional information necessary (use additional pages if necessary):

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**Does/has your child receive(d) services for:**

Occupational Therapy	Y	N	Speech Therapy	Y	N
Physical Therapy	Y	N	Behavioral Therapy	Y	N

Explain all "yes" answers or provide any additional information necessary (use additional pages if necessary):

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In case of accident or serious illness, I request the school to contact me. If unable to reach me, I authorize the school to solicit emergency help by calling 911 if deemed necessary by Deep Run Presbyterian Nursery School personnel.

As parent/guardian, I have carefully supplied all information needed on this form and by my signature do verify that the information is current and correct.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**DEEP RUN PRESBYTERIAN NURSERY SCHOOL**  
**TUITION STATEMENT & AGREEMENT**

**TUITION PAYMENT GUIDELINES-** Deep Run Presbyterian Nursery School operates as a non-profit, church related organization and is funded entirely by the income generated through tuition. Tuition rates are based on the estimated yearly operating costs of the preschool program and are divided among the classes on a proportional basis. A deposit, paid in the spring, is required to hold a class position for fall enrollment and insurance fees. This is a Non-refundable deposit. Tuition payments will be collected 3 times a year, unless you have worked out a monthly payment plan with our school. Tuition payments are due on the 1st of each scheduled month.

**Payment # 1** is due by July 1<sup>st</sup>, covering Sept., Oct., & Nov.

**Payment # 2** is due by December 1<sup>st</sup>, covering Dec., Jan., & Feb.

**Payment # 3** is due by March 1<sup>st</sup>, covering March, April & May

\*Tuition is set on a yearly basis. There will be no credit for illness, school holiday, personal vacations, or inclement weather.

**LATE CHARGES-** All tuition payments are due by the 1 of the month. A late charge of \$15.00 is assessed for payments received after the payment due date. If tuition and any other outstanding charges are not paid within 10 days of the date due, attendance at the School will no longer be permitted until tuition is paid in full for the past due amount and for the current period.

**RETURN CHECKS –** A service charge will be assessed according to our banks fees. In addition, a late charge will be assessed as reflected on the Fee Schedule, unless payment is received to cover the funds within three banking days of notification. If your check is returned two or more times with non-sufficient funds, you MUST make all payments by money order or certified check or by cash (subject to the policy on “Cash Payments”) for the remainder of the school year.

**CASH PAYMENTS-** For your protection, cash payments may be made only to the Director of the school or the administrative employee. If the payment is for an amount more than \$5.00, it will be invalid unless you obtain a pre-numbered cash receipt from the School’s cash receipt book which is completed in full and signed by the Director or such designated employee.

**METHOD OF PAYMENT-** Tuition may be made by check or money order made payable to DRPNS. Please have your child’s name and class listed on the memo line. Payments may be mailed to the school or dropped in the tuition payment box located in the hallway. DRPNS will not be responsible for cash payments deposited in the tuition payment box. (See cash payment above.)

**\*WITHDRAWING FROM SCHOOL-** requires ONE MONTHS notice and that month’s tuition payment must be paid in full.

**SEND PAYMENTS TO:** DEEP RUN PRESBYTERIAN NURSERY SCHOOL  
16 IRISH MEETINGHOUSE ROAD  
PERKASIE, PA. 18944

\*I understand that enrollment in the D.R.P.N.S Preschool Programs is contingent upon completing the required paperwork and payment of the NON-REFUNDABLE Registration fee has been paid. This fee of \$100 is used as a deposit and to cover insurance fees and is NOT THE SEPTEMBER TUITION PAYMENT. Monthly payments are the same each month regardless of holidays, inclement weather or absences. Tuition is based on a yearly fee and is broken down into 3 equal payments to be paid from July through May.

\*I also understand that my child’s account must have a zero balance and be paid by May 1, to avoid any further charges.

\*I agree that I will contact the School if payments cannot be made on time to work out a customized payment schedule.

\*I agree to the above terms and conditions, including the obligation to pay to the School all charges for tuition and fees, and in all events to be responsible for the financial obligations of my child.

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Mother’s Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Father’s Name: \_\_\_\_\_ Signature: \_\_\_\_\_