

Date Registered _____
Registration Fee paid _____ Cash/Ck# _____
Supply fee paid _____ Cash/Ck# _____
Curriculum fee paid _____ Cash/Ck# _____

Blackwater PDO and Preschool
10000 Blackwater Road
Central, LA 70714
Phone: (225)261-4013 PDO Office
(225)261-4646 Church Office
Email: tlittle@blackwaterumc.org

REGISTRATION FORM BLACKWATER PDO AND PRESCHOOL

School Year 2020-2021

Child's Name _____ Nickname _____ Sex _____

Date of Birth: ____/____/____ How old will your child be as of October 1, 2020? ____

Parents(s): Father _____ Mother _____

Address: _____ Phone: (Mother) _____

(Father) _____
(Alternate) _____

Email address: _____

Is this child currently enrolled at Blackwater PDO/ Pre-School? _____

If yes, please circle the days attended: M-F Tu/Th M/W/F

Is this child a sibling of a child currently enrolled at Blackwater? _____

If yes, please give the child's name: _____

Are you a member of Blackwater United Methodist Church? _____

If no, please state your religious affiliation: _____

Please indicate class choice:

*K-4 (Must be 4 by September 30, 2020) M-F _____

*K-3 (Must be 3 by September 30, 2020) M-F _____

Threes (Three by September 30, 2020) M-F _____ M-W-F _____ T-TH _____

Twos (Two by September 30, 2020) M-F _____ M-W-F _____ T-TH _____

Ones (One by September 30, 2020) M-F _____ M-W-F _____ T-TH _____

Please complete this form and return to school in person with a non-refundable registration fee of \$150.00 per child.

ALL students must pay a supply fee of \$75 due at registration.

K-3 and K-4 students must also pay a curriculum fee of \$60 due at registration.

***PLEASE NOTE:**

1. All children enrolled in the K-3 and K-4 classes must be completely potty trained and out of diapers and pull-ups by the time school begins.
2. Disputes concerning age cut-off policies can be brought before the PDO Committee.

CHILD RELEASE AUTHORIZATION FORM

Child's Name: _____

Parent's Name(s): _____

Authorized person(s) to pick up child:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Parent Signature

Date

FAMILY INFORMATION

(All information is confidentially held)

Child's Name: _____ Nickname: _____ D.O.B. _____

Mother's Name: _____ Occupation: _____

Employer: _____ Employer phone #: _____

Email: _____ Cell Phone #: _____

Father's Name: _____ Occupation: _____

Employer: _____ Employer phone #: _____

Email: _____ Cell Phone #: _____

Home Address: _____

City: _____ Zip Code: _____ Home Phone #: _____

Marital status of parents: Married _____ Separated _____ Divorced _____

If divorced, please describe custody and visitation agreement for the child: _____

Names and ages of other children in the family: _____

Will someone else besides mother and father be bringing and picking up your child regularly?

Members of Blackwater UMC? _____ Religious Affiliation & Church: _____

Has your child attended nursery school or day care before? _____ When? _____

Does your child have many opportunities to play with other children? _____

What fears does your child have? How are they expressed? _____

Describe your child's eating habits: _____

What type of discipline is used at home and what is the child's reaction? _____

Child's pets: _____

Has your child had any traumatic experiences recently? _____ If so, describe: _____

Please give any additional information you think might be important: _____

Medical Release Form

Name of Child: _____ Age: _____

Father's Name: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Mother's Name: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Does your child have any allergies? If so, please describe in detail. In addition, we must have a completed and notarized Allergy Form on file in the office: _____

Does your child have any other health problems? _____

Emergency Information:

Child's Doctor: _____ Office phone #: _____

Hospital Affiliation: _____

Insurance Information: _____

If you do not answer your phone, we are to call (MUST HAVE AT LEAST TWO LISTED):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

I hereby authorize this facility to care for my child during the time he or she is in the facility. I hereby authorize the Director of designee of Blackwater PDO/Preschool to obtain and consent to emergency medical treatment for my child while under their care, in the event that said Director or designee is unable to contact me.

Parent Signature: _____

Date: _____

Grounds Permission and Media Release

Child's name _____

Blackwater PDO has a closed group on Facebook where photos are shared by your child's teacher. This includes photos taken during daily activities, as well as group activities during special events. The group is only open to family members of current students. *Please note that if you add someone to that group, they may not be approved if they aren't on your child's pick-up list. There are questions to be answered in order to be approved for this group.* Please indicate whether you would like your child's photograph to be posted on this group page.

_____ Yes, you may post photographs of my child on the closed Blackwater PDO Facebook group.

_____ No, do **not** post photographs of my child on the closed Blackwater PDO Facebook group. I understand this may exclude him/her from group photos.

On occasion, children may attend activities on the field behind the school, in the Sanctuary and/or gym, and parking lot. By signing this, you authorize that your child may attend these various activities around the church grounds outside of the school building and fenced in areas throughout the year.

Parent/guardian _____

Date _____

On occasion, Blackwater UMC and/or Blackwater PDO may take photographs or make an audio or videotape recording of children and/or adults involved in church activities and/or PDO activities, and such photographs and audio/video recordings may be used by the staff to memorialize school activities. In addition, such photographs and audio/video recordings may be used in Blackwater UMC and/or PDO publications, websites and advertising materials to let others know about our ministry. In the event that local news organizations hear of our activities or events, our church may invite or allow them to photograph or record our events for news reporting on special interest features.

I consent to the use of audio/video recordings or photographs of my child or me to be used, distributed, or displayed in an appropriate manner as deemed suitable by the church or school. This consent includes but is not limited to: photographs, videotape, studio recordings, and church affiliated websites.

Parent/guardian _____

Date _____

Blackwater PDO and Preschool

Tuition & Fees for 2020-2021

Tuition is based on a yearly rate that is broken down into 10 payments, not by the month. We allow those payment to be made in 10-month increments August through May.

	10 Payments of (Aug-May)	Yearly
Five Days per Week	\$310.00	\$3,100.00
Three Days per Week (M/W/F)	\$260.00	\$2,600.00
Two Days per Week (T/TH)	\$210.00	\$2,100.00

I understand that Blackwater's tuition is a yearly fee that is broken down into the same amount for each month beginning August 2020 through May 2021. The monthly amount indicates the monthly rate due to the School on the FIRST OF THE MONTH beginning August 1, 2020 and ending on May 1, 2021. Tuition is considered late after the 7th of the month and a \$10.00 late fee will be added to your tuition at that time. After the 15th of the month, a \$20.00 late fee will be added to tuition.

Parent Signature

Date