



Mary, Mother of God Church
157 South Triangle Road
Hillsborough, NJ 08844
(908) 874-8489

preschool@marymotherofgod.org/ke@marymotherofgod.org

ENROLLMENT AGREEMENT 2022-2023

Student Name: _____ Birthday: _____

Home address: _____ Phone: _____

Parent/Guardian name: _____ Phone: _____

Email: _____ Work address: _____

Parent/Guardian name: _____ Phone: _____

Email: _____ Work address: _____

Start date: _____ Class: _____ Program: _____

Registration fee: _____ Paid: _____ Initial: _____

Annual tuition: _____ Paid in full, 5% discount paid: _____ Initial: _____

Annual tuition – monthly payment tuition: _____ Due: _____ Initial: _____

Every monthly tuition payment from starting month until May is due the 15th of the month before. Initial: _____

Tuition unpaid the 15th of the month – a \$30 late fee will be charged the 23rd of the month. Initial: _____

Tuition unpaid two consecutive months may result in not returning until tuition and late fee paid. Initial: _____

Students must be picked up promptly at dismissal time. While emergencies can occur, every effort must be made to call the school. There will be a charge of \$1 for every late minute. Initial: _____

Withdrawing your student from the school requires written notice 30 days in advance. Initial: _____

Every effort will be made for school to be open. Emails will be sent for any schedule changes. Initial: _____

Mary, Mother of God is closed for Christmas week, Spring Break and Summer Break. Initial: _____

We are unable to schedule make-up days or give tuition credit for missed days. Initial: _____

I, _____, agree to the above enrollment agreement. I understand my responsibilities to Mary, Mother of God Preschool.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____



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STUDENT INFORMATION

Parent Names: _____

Address: _____

Phone numbers: Home _____ Cell _____ Cell _____

Does your child have any allergies or physical limitation? Yes _____ No _____

Allergy _____ Requires Epi Pen Yes _____ No _____

Limitations _____

Is your child currently receiving any medications? If so, please list: _____

Has your child ever suffered any serious illness, injury, or hospitalization? _____

Please tell us about your child's developmental history: _____

Was your child premature? Yes ____ No ____ If Yes, how many weeks? _____

Has your child been evaluated for any of the following:

		Date of evaluation	By whom
Speech/Language	Yes/No	_____	_____
Occupational Therapy	Yes/No	_____	_____
Physical Therapy	Yes/No	_____	_____

What would you like us to know about your child? _____



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Emergency Contacts/Approved Pick Up

Please list those people who live close by that we may contact in the event that a parent/guardian is not available in an emergency of that are permitted to pick up your child.

<u>Name</u>	<u>Phone Number</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child is NOT permitted to be released to the following person(s) under any circumstances: _____

Please write "Not Applicable" on the line above if this situation does not apply.

Name _____ Date _____

I, _____ hereby give my permission to Mary, Mother of God Preschool and Kindergarten Enrichment emergency medical treatment to my child, _____.

Signature _____ Date _____

I agree that all information above is accurate.

Parent Signature _____ Date _____