

I agree that the Director or Alternate may authorize the physician or dentist of her/his choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

\_\_\_\_\_ County, North Carolina. I certify that the following person(s) appeared before me this day and (I have personal knowledge of the identity of the principal(s)). I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a \_\_\_\_\_ (a credible witness has sworn to the identity of the principal(s)); each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose state therein and the capacity indicated:

Signature(s) of principal(s) \_\_\_\_\_ Date \_\_\_\_\_

Official Signature of Notary \_\_\_\_\_, Notary Public

Notary's printed or typed name \_\_\_\_\_

**MY COMMISSION EXPIRES:** \_\_\_\_\_

I, as the Director or Alternate, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instructions from the physician, or the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Date \_\_\_\_\_ Signature of Director/alternate \_\_\_\_\_

### PERMISSIONS

**TV or Newspaper Photographs:** Yes \_\_\_\_\_ No \_\_\_\_\_ (Please initial)

**Field Trips** (*children in threes classes or older*) - I hereby certify that my child, \_\_\_\_\_

has permission to participate in class field trips sponsored and chaperoned by the staff of the Asbury Preschool: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

### APPLICATION FOR CLASS ASSIGNMENT

CLASS (age) \_\_\_\_\_ Days: # \_\_\_\_\_, Pattern: 1st choice days: \_\_\_\_\_

This must be a different pattern from first choice. 2nd choice days: \_\_\_\_\_

REGISTRATION FEE \_\_\_\_\_, due with application, *non-refundable unless family moves out of Raleigh area before September 1.*

MONTHLY TUITION \_\_\_\_\_, due on the 1st of each month, or quarterly if more convenient. (There is a \$2.00 per day late-payment fee, beginning the 8th of the month.) **MAY TUITION** of the year for which your child is registered is due **by MAY 1** of the **PREVIOUS SCHOOL YEAR**, or at the time of registration if a child is registered after May 1. (Refunded if the family leaves Raleigh, and only if the space is filled by another child.)

**ADDITIONAL INFORMATION ABOUT MY CHILD:**