

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 of 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

I do not want my name/address listed on the classroom list for parents _____ (Please initial)

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: