

**ALL NATIONS
MOTHER'S DAY OUT – PRESCHOOL**
4420 S. ROBERTSON ST., NEW ORLEANS, LA 70115
(504) 235-6761

APPLICATION FOR ADMISSION

Circle the preschool class of your choice. Classes are from 9:00 a.m. until noon:

2 years (T/TH) \$150/mo.	2 years (M/W/F) \$200/mo.	
3 years (M/W/F) \$200/mo.	3 years (M-F) \$300/mo.	Preschool, 4 yr. (M-F) \$300/mo.

You may register now or during the school year for the extended-day program known as "Lunch Bunch." The extended-day session is from noon-1:45 p.m. Monday - Thursday; children bring their lunch. Circle the Lunch Bunch day(s) of your choice if registering now.

Monday \$32/mo.	Tuesday \$32/mo.	Wednesday \$32/mo.	Thursday \$32/mo.
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I hereby apply for the admission of my child to the **All Nations Mother's Day Out – Pre-school** in the class circled above and submit the following information for your consideration:

Child's Name: _____ Sex (Circle): M F
Name Child Prefers: _____
Home Address: _____ City/Zip: _____
Home Phone: _____ Birthday: _____

Mother/Guardian

Name: _____
Work Phone: _____
Cell: _____
Email: _____
Receive School Communication? Yes No
Responsible for Financial Bills? Yes No

Father/Guardian

Name: _____
Work Phone: _____
Cell: _____
Email: _____
Receive School Communication? Yes No
Responsible for Financial Bills? Yes No

EMERGENCY CONTACT/TRANSPORTATION AUTHORIZATION

One contact, other than the parents, is required for registration. If the parents are unavailable, the following individual has permission to transport and seek care for this child. You may also authorize additional people to pick up your child. They will be required to show an I.D.

Name	Address	Phone (home/work/cell)
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following people **CANNOT** pick up my child:

Please tell us a little about your child:

Allergies:

Is your child potty trained? Yes No

The following items are due at registration:

Non-refundable Registration/Supply Fee \$ _____
Complete Registration Forms.

The following items are due the first day of class:

Immunization Record

FINANCIAL POLICIES

The following policies are intended to create an equitable arrangement between the school and the families regarding the financial responsibilities of each:

1. **Registration Fee.** A \$75 registration fee must accompany the application. The fee is \$65 for each additional child. This fee is **non-refundable**.

2. **Supply Fee.** The following supply fee must also be paid bi-annually:

\$30 for 2 day classes

\$40 for 3-day classes

\$50 for 5-day classes

3. **Late Tuition Fees.** Monthly tuition is due on the first of each month. Tuition will be considered delinquent after the 8th of the month, and a delinquent fee of \$15.00 per month will be charged. In addition, a fee may be charged for NSF checks. ANF MDO/Preschool reserves the right to apply all payments towards outstanding sums.

4. **Overtime Fees.** A fee of \$5.00 for every ten minutes late may be imposed for unnecessary or habitual delay in picking up children.

Office Use Only:

Registration fee paid Check no. _____ Date: _____ Amount: _____

Supply fee paid Check no. _____ Date: _____ Amount: _____

RECEIPT, RELEASE, AND MEDICAL AUTHORIZATION

I, the undersigned parent and/or primary legal custodian of the child named below, hereby acknowledge as follows:

- (a) Parent Handbook Receipt. I acknowledge that I have received, read and understand the Parent Handbook for the All Nations Fellowship Mother's Day Out - Preschool (the "School") and will abide by the guidelines as set forth therein.
- (b) Medical/Injury Release. I assume responsibility for all medical bills incurred on behalf of my child resulting from illness or injury during my child's enrollment at the School and release the School and its employees and members from any and all claims, damages, and/or liability arising out of personal injury of any kind my child may incur.

In case of an accident or serious illness, I request that the School contact me. If the School is unable to reach me, I hereby authorize the School to act as my agent to call the physician named below and follow his/her instructions. If it is impossible to contact this physician, the School, as my agent, has my permission to make whatever arrangements it deems necessary and appropriate and to follow treatment suggested and rendered by a physician licensed under the laws of the State of Louisiana, including but not limited to medication, diagnostic procedures, x-rays, anesthesia, surgery, and other procedures deemed necessary to secure and maintain the health and well-being of my child.

- (c) Agree to fulfill all financial obligations-payment of tuition for the school year and fees as billed.
- (d) Understand that all fees are nonrefundable.
- (e) Attest that the information in this application is correct and true.

Signature of parent/guardian: _____ **Date:** _____

Name of child: _____

Name and address of child's physician:

