



**Risen Christ Preschool**  
 1000 Moseley Road, Fairport, NY 14450  
 2015-2016 Enrichment Registration Form  
**Session III (1/9-2/17)**

Child's Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
 Mother's/Guardian's Name: \_\_\_\_\_ Father/Guardian's Name: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Hospital Preferred in Case of Emergency: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Primary Policy Holder: \_\_\_\_\_

Emergency Contact(other than parent's/guardian's)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons Authorized to pick up (other than parent/guardians): Must Produce Photo ID. Only those listed may pick up your child.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Does your child have any allergies?** \_\_\_\_\_

Enrollment in each class is a 5/6 week commitment. Risen Christ has the right to cancel any class due to insufficient enrollment. To hold classes we will need to have six children enrolled in each class. Please place a check mark next to the program(s) you are interested in for your child in the section below.

**Session III**

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|--|---|
| <input type="checkbox"/> Lunch Bunch, Mondays, 11:30am-12:00pm (\$7.50)                                | <input type="checkbox"/> Jumpin, 12:00pm-1:00pm (\$50)                |
| <input type="checkbox"/> Lunch Bunch, Tuesdays, 11:30am-12:00pm (\$9.00)                               | <input type="checkbox"/> Superhero, Tuesdays, 12:00pm-1:00pm (\$60)   |
| <input type="checkbox"/> Lunch Bunch, Wednesdays, 11:30am-12:00pm (\$9.00)                             | <input type="checkbox"/> Jan Brett, Wednesdays, 12:00pm-1:00pm (\$60) |
| <input type="checkbox"/> Lunch Bunch, Thursdays, 11:30am-12:00pm (\$7.50)                              | <input type="checkbox"/> Noah, Thursday, 12:00pm-1:00pm (\$50)        |
| <input type="checkbox"/> Lunch Bunch, Fridays, 11:30am-12:00pm (\$7.50)                                | <input type="checkbox"/> Chicka, Fridays 12:00pm-1:00pm (\$50)        |
| <input type="checkbox"/> Lunch bunch, Mondays <b>Soccer Shots</b> , 11:30am-12:00pm (\$12.00) 1/9-3/13 |   |

I, the undersigned, hereby enroll my child in the indicated Preschool Enrichment Program at Risen Christ Preschool. It is understood that RCP will assume responsibility for my child's well-being during the hours of care and will make every effort to contact me should any type of emergency arise. In the event I cannot be reached, I authorize RCP staff to act in my place according to their best judgment in an emergency requiring medical or surgical care. I further understand that I am responsible for the cost of all medical care. I have provided the staff with all pertinent information which may assist RCP in caring for my child including, but not limited to: allergies, previous or existing illness or conditions, sunburn sensitivity, diet requirements, long-term medications, disability or limiting conditions, emotional, developmental or behavioral difficulties. Please notify the Preschool Administrator of any changes that may occur during that year.

I give my consent for any photographs, slides or video of my child to be used in promotional material, such as brochures, newspaper releases or our website. I understand that I will not be informed of, or reimbursed for such photographs.

**Cancellation/Refund Information:**

I understand that I must notify the Preschool Administrator, in writing, at least two weeks prior to removing my child from the program and I realize that I am responsible for full payment. If a session is canceled, as a result of insufficient enrollment, I will receive a full refund. If a class is canceled, as a result of an emergency, (snow day or other emergency) RCLC will provide a make-up class or refund for that day.

**Payment Information:**

I understand that **all fees are due in full upon registration** of my child in all enrichment classes. All payments must be made by check, money order or cash. I agree to inform RCP, in writing, of any changes in my child's enrollment, or changes in family history, address, phone numbers, emergency contacts, etc.

My signature acknowledges my understanding of and agreement to all the above.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_