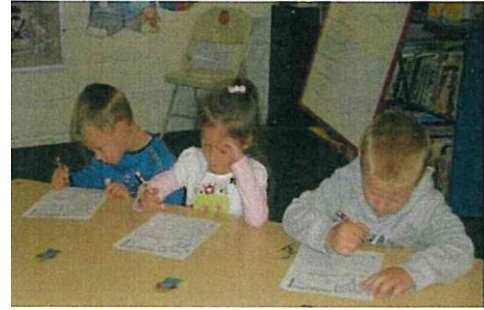


NEW CREATION LEARNING CENTER
390 INDIANA AVENUE
PO BOX 425
ST. MARYS, OH 45885
419-394-5258
nclc@bright.net
www.stmarysnazarene.org



Dear Parents and Students,

Thank you for choosing New Creation Learning Center (NCLC) as your Preschool for the 2021- 2022 school year. We are very excited to meet you (or see you again) and to work with you this coming year. Here at NCLC, we enjoy learning about letters, sounds, shapes, and colors, but we also enjoy learning about God and stories from the Bible. We hope that you will also enjoy learning about all these wonderful things.

Enclosed you will find all the papers needed to officially register for NCLC. Right now, your child has a spot in the class previously requested on the pre-application form. Please fill out each form completely and return it to the Preschool. State Law requires that new forms be filled out each year, so we need new medical forms from everyone signed and dated by your doctor.

If you have any questions, please feel free to contact me at (419) 394-5258.

Sincerely,
Carolyn Kindell,
N C L C Administrator

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APPLICATION FOR ENROLLMENT

Child's Name _____ Name Usually Called _____

Date of Birth _____ Sex _____

Parent's or Legal Guardian's names _____

Address _____ Phone _____

Email _ _ _ _ _

Check the Enrolled Class:

Mon-Wed-Fri 9:00 - 11.30am \$120.00 monthly

Tues-Thurs 9:00 - 11:30am \$85.00 monthly

Signature _____ Date _____

=====

Please complete. For Office use: (P= picture, PH= phone, C= comment, AW= Art Work)

Roster: yes _____ no _____

Permission: P__ PH__ C__ AW__

Church: _____

Med issue: _____ Date: _____

EMERGENCY CONTACT SHEET

Occasionally throughout the year, we have had times where students become ill during the school day, or they have an accident. This information sheet will be used to contact someone who can come and pick up your child while the preschool is still in session.

Child's Name _____ Birth date _____

1. Parent (Mom)/Guardian Name _____

Relationship to the Child _____

Home Address _____

Home phone: _____ Cell Phone: _____

Employer: _____ Work phone: _____

2. Parent (Dad)/Guardian Name _____

Relationship to the Child _____

Home Address _____

Home phone: _____ Cell Phone: _____

Employer: _____ Work phone: _____

*If we cannot get a hold of you, please list names and numbers of other people whom you would want us to call next. **This OJFS required.** (Feel free to add additional names):*

Contact: _____ Phone: _____

Contact: _____ Phone: _____

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PICK UP AUTHORIZATION

Please list below the people who are authorized to pick your child up from preschool. Include all the information requested so we can contact them if there is a problem. Please inform NCLC of any changes.

Your Child's Name: _____

Your Name: _____

PERSON AUTHORIZED TO PICK UP YOUR CHILD:

Name _____
Phone# _____
Address _____
City _____
State _____ Zip _____
Relationship to child _____

Name _____
Phone# _____
Address _____
City _____
State _____ Zip _____
Relationship to child _____

Name _____
Phone# _____
Address _____
City _____
State _____ Zip _____
Relationship to child _____

Name _____
Phone# _____
Address _____
City _____
State _____ Zip _____
Relationship to child _____

Name _____
Phone# _____
Address _____
City _____
State _____ Zip _____
Relationship to child _____

Name _____
Phone# _____
Address _____
City _____
State _____ Zip _____
Relationship to child _____



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REGISTRATION AND TUITION AGREEMENT

I have read, agree, and understand the registration information of New Creation Learning Center. My child _____ will attend _____ days per week at a rate of \$ _____ per month, **Aug - May**. I agree that the attendance policy and the fee scale at New Creation Learning Center are considered a part of *this written agreement*.

1. It is understood that the total cost per child has been divided into **ten monthly payments, which remain constant even when there are vacation days, cancellations or absences.**
2. Tuition is to be paid in the classroom, at the office, or by mail. It is **due the 1st of each month.** Please put cash in envelope with name and date on outside. If there is a problem, please contact me immediately.
3. Unless special arrangements have been made with the office, **students will not be allowed to continue if tuition is more than 14 days late.**
4. New Creation Learning Center agrees to provide the parent with a receipt of the tuition paid.

This agreement shall be in full force, in effect, and binding upon both parties until the completion of the school year.

 Date

 Parent/Guardian Signature

New Creation Learning Center Director _____

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PARTICIPATION CONSENT

I grant permission for my child to use all the play equipment and participate in all the activities of the preschool.

I grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks.

I grant permission for my child to use hand sanitizer on his/her hands before snack and after blowing nose.

Date

Parent/Guardian Signature

CHILD & FAMILY PROFILE

THE FAMILY:

Does your family regularly attend church? _____ If so, where do you attend? _____

Are there any siblings (If yes, give names and ages)? _____

The CHILD:

How would you describe your child's personality? _____

Does your child have any fears? _____

Dear Parents,

New Creation Learning Center is on the internet at: www.stmarysnazarene.org and we have our Face book page. Please like our page!

The purpose of this page is to inform people about our school and to share work created by students and staff. Parents will also be given access to **Brightwheel** for student updates, personal pictures, direct deposits, bank to bank transfers, and receipt collection. More information will be given about this additional technology asset to our Pre-School program.

I will be putting student photos in group activities, comments, and artwork on one of our school pages as well as important information. Because these items can be seen by people all over the world, there must be a separate permission form. For security reasons, I will only use first names and only sometimes.

If you have any questions, please contact me at 419-394-5852 or nclc@bright.net.

Blessings,
Miss Carolyn

PLEASE WRITE YES OR NO ON BLANK LINES.

I give my permission for my child's:

Photo of child (individual, birthday, or group): _____

A comment from child: _____. His/her artwork _____

To be displayed on a web page or Face book for NEW CREATION LEARNING CENTER. I understand that this site is located on the internet and can be seen throughout the world. Only my child's first name may be used.

Student name: _____

Parent/Guardian Signature _____ Date: