



**St. Elizabeth's Episcopal Church  
& Preschool**

16491 Hwy 144  
Richmond Hill, GA 31324  
912.312.8927  
preschool@saintelizabethsrh.com

**SEEP 2023-24 Enrollment Application**

**Child's Information**

Child's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical 911 Address  
(if different from mailing): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Age as of Sept. 1, 2023: \_\_\_\_\_

**Parent/Legal Guardian Information**

Parent 1 / Guardian 1 Name: \_\_\_\_\_

Parent 1 / Guardian 1 Address: \_\_\_\_\_

Parent 1 / Guardian 1 Employer: \_\_\_\_\_

Parent 1 / Guardian 1 Phone: \_\_\_\_\_

Parent 1 / Guardian 1 Email: \_\_\_\_\_

  

Parent 2 / Guardian 2 Name: \_\_\_\_\_

Parent 2 / Guardian 2 Address: \_\_\_\_\_

Parent 2 / Guardian 2 Employer: \_\_\_\_\_

Parent 2 / Guardian 2 Phone: \_\_\_\_\_

Parent 2 /Guardian 2 Email: \_\_\_\_\_



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**Emergency Contacts (Adults Other than Parents/Legal Guardians)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Permission to pick-up child in case of emergency:  Yes  No

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Permission to pick-up child in case of emergency:  Yes  No

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Permission to pick-up child in case of emergency:  Yes  No

**Sibling Information**

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____



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**Previous Child Care Experience**

Briefly describe past child care experiences in the space provided:

Was this a positive experience?:

Has your child had experience playing with other children? If yes, briefly describe:



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**Medical Information**

Child's Current Physician:

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Physician's Telephone Number:

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*Insurance Information*

Provider:

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Policy/Group Number:

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*Please provide SEEP with as much information as necessary to ensure the proper treatment of your child.*

List all allergies:

Briefly describe treatment and care necessary for allergic reactions:

Briefly describe medical, behavioral, or emotional concerns of which SEEP should be aware:



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Does your child have any speech, hearing, or visual problems? If yes, briefly describe:

Are there any restrictions to play or in outdoor activities:

Medical Emergency

In the event of a medical emergency or of an accident, we shall contact the parent/guardian and the doctor of the child. If it is impossible to reach either and/or should emergency treatment be required, the child will be taken to the nearest hospital.

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Signature of Parent/Guardian

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Date

*Please attach additional forms, if necessary, pertinent to your child's medical history and/or current care. You may pick up an Authorization for Dispensing Medication form from Nikole Powell to be completed by your child's physician, if needed for your child requires medication.*

**NOTE: GA Immunization Form 3231 is required for your child's enrollment in SEEP**



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**Picture Permission Form**

Child's Name: \_\_\_\_\_

I give permission for photographs, videos, and/or slides to be taken of \_\_\_\_\_ while participating in school programs and/or activities. I understand that these photographs, videos, and/or slides may be used for brochures, presentations, and/or Facebook to parents and other interested groups, such as St. Elizabeth's Episcopal Church, and for public relation purposes.

Yes       No

I give permission for photographs, videos, and/or slides to be taken of \_\_\_\_\_ while participating in school programs and/or activities. I understand that these photographs, videos, and/or slides may ONLY be used for SEEP's private Facebook group.

Yes       No

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To join SEEP's private Facebook group, find **Nikole Sekara Powell** on FB and request to be added to the St. Elizabeth's Episcopal Preschool group.

If you wish to join, please provide your name as it appears on your Facebook page. SEEP will only add names provided with written permission from the parent(s):

Parent/Guardian Name (1): \_\_\_\_\_

Parent/Guardian Name (2): \_\_\_\_\_



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**Authorization to Dispense External Preparation**

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby give St. Elizabeth's Episcopal Preschool (SEEP) permission to apply one or more of the following external preparations, in accordance with directions on the container:

- Baby Wipes
- Band-Aids
- Neosporin, Bacitracin or similar ointment, Topical Benadryl
- Sunscreen
- Bug Spray
- Non-prescription ointment (such as A&D, Desitin, Vaseline)

I hereby request SEEP to administer the checked external preparations in accordance with the directions on the container.

Parent/Legal Guardian  
Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Parental Agreement**

I desire to enter my child \_\_\_\_\_ in the \_\_\_\_\_  
(age group and number of days) program of SEEP for the 2023-24 school year.

**Acceptance and Removal Policies**

- If my child is accepted, I hereby assume responsibility for full payment or charges in advance of or by the first day of each month. Tuition that arrives past the 10th of the month will be charged a late fee of \$25.00. If tuition arrives longer than this, the child will not be allowed to attend SEEP unless the parent has made arrangements with the SEEP Head of Preschool or the Rector. There will be a \$30.00 fee for any returned checks.
- My child will not be allowed to participate in the end of year program, Christmas play, or any other school-wide activities until all bills are paid in full, nor will any child in the family be able to attend SEEP in subsequent years unless the accounts are satisfied.
- This application must be accompanied by the non-refundable registration fee of \$200.00 to be considered for enrollment.
- Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, dosage, and the date and time the medication is to be given. All medications must be in the original container with my child's name clearly marked on it.
- My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or program personnel.
- I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur (telephone numbers, work location, emergency contacts, physician, child's health status, and immunization records).
- The program agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which may affect my child.
- I have received a copy of the Parent Handbook for SEEP and agree to abide by the policies and procedures outlined in it.
- I have signed and agree with the SEEP Financial Agreement.
- The SEEP Board of Directors reserves the right to accept or to dismiss any child with physical, mental, or behavioral difficulties who does not fit into the scope of this program or is unable to fit into the groups satisfactorily.
- I also understand that the school is an exempt church preschool program in operation no more than 4 hours per day and is not licensed or required to be licensed by the state.



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I have read, understand, and accept all of the information stated in this agreement.

Child's Name:

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Parent/Guardian Name:

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Signature:

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Date:

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School Official:

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Signature:

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Date:

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**For Office Use Only**

Registration fee Receipt Date:

Check #:

Cash

Credit Card