

Mt. Pleasant UMC Preschool
2505 Mount Pleasant Road
Chesapeake, VA 23322
757-482-5355

REGISTRATION FORM

Child's Name: _____ Birthday: _____

Parent's Name: _____ Home Phone: _____

Address: _____

City/State: _____ Zip Code: _____ Previous School: _____

Please circle the day and program in which you are enrolling your child and return this for with the registration fee.

3 Day Program Mon. – Wed. – Fri. 9:00 a.m.- 12:30 p.m.	5 Day Program Monday – Friday 9:00 a.m. – 12:30 p.m.
3 & 4 year olds \$240.00(Monthly) / \$2,160.00 (Yearly)	3 & 4 year olds \$280.00 (Monthly) / \$2,520 (Yearly)

I understand that I am registering my child for the school year from September through May. I will be responsible for the full year's tuition due on the first day of each month, unless I move out of the area. I understand the registration fee is \$140.00 and is non-refundable unless I move out of the area before the school year begins.

Print Name: _____ Signature: _____ Date: _____



CHESAPEAKE REGIONAL MEDICAL CENTER

Independent by choice. *Innovative* by design.

HIPAA

Health Insurance Portability and Accountability Act

This law ensures that Protected Health Information is kept private and confidential and shared only on a need-to-know basis by people in health care professions and those who might have access to confidential information in training scenarios.

It is important that any information you gain from being on the Chesapeake Regional Medical Center campus during any Volunteer activity is kept completely confidential.

If you see an x-ray or any other specimen with someone's name on it, you don't repeat that you saw it.

If you see someone you know here who might be a patient, you don't tell anyone outside that you saw him or her, and you don't discuss with each other what you saw.

If you see any personal information on anyone such as a social security number, birth date or medical record number that information is confidential as well.

It is very important that we maintain our staff and patients' confidentiality and we trust you to maintain it as well.

Your signature below indicates that you have received this information and understand what is expected of you.

Name (Please Print)

Date

Signature