

REGISTRATION FORM

I. Student Information

Preschool
Age 3-4 _____ a.m.

Pre-K
Age 4-5 _____ a.m.
(by August 1, 2012)

Pre-K
Age 4-5 _____ p.m.
(by August 1, 2012)

Child's legal name _____

Name child will use in school _____

Child's birthdate ___/___/___ Sex _____

Child's permanent address _____

ALLERGIES _____

Medical conditions _____

E-MAIL ADDRESS _____

II. Parent Information

___ Natural father ___ Stepfather

___ Other _____

Name _____

Address _____

Home phone _____

Cell _____

Work _____

Occupation _____

Parent's marital status _____

___ Natural mother ___ Stepmother

___ Other _____

Name _____

Address _____

Home phone _____

Cell _____

Work _____

Occupation _____

Number of children in family _____

List any particular talents or interests you have and would be willing to share with the school. _____

III. Emergency Information

Name of child's doctor _____ Phone _____

Person authorized to act for parents in emergency (e.g., friend, neighbor, relative)

1st Choice

Name _____ Phone _____

Cell/Work phone _____

Address _____

2nd Choice

Name _____ Phone _____

Cell/Work phone _____

Address _____

Medical history of child

Measles Mumps Chicken pox Whooping cough Flu

Meningitis Convulsions Allergies (food, etc.)

Any evidence of hearing loss or difficulties? _____

Any evidence of vision problems? _____

Speech disabilities? _____

Hospitalizations _____ Operations _____

Other illnesses? _____

Does your child have any physical handicaps or other conditions which might affect his/her school work? If so, please describe _____

IV. Parent's Statement (Legal Guardian's)

It is important for home and school to work together to establish appropriate behavior in the classroom. If all possible solutions to disruptive behavior have been exhausted, parents will be advised of the problem, and with their help, necessary steps will be taken. (See statement of policy in the parent's handbook.)

In the event my child becomes ill or is injured while under school supervision, I approve the school authorities taking the following steps:

1. Contact a parent of the student and follow his instructions.
2. In the event neither parent can be reached, contact the student's physician and follow his instructions.
3. If the student's physician cannot be reached, the school authorities will use their own discretion in contacting a properly licensed practicing physician and follow his suggestions.
4. If my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize appoint and empower the school authorities of Park Chapel Christian Church to take my child to a properly licensed and practicing physician. I hereby release Park Chapel Christian Church, Little Blessings Preschool, and authorized personnel, from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

I give permission for my child to take part in all school activities, and absolve the school, Church, and authorized personnel from liability to me or my child because of any injury to my child at school or during any school activities.

The parents (or legal guardian) agree to pay the tuition and any charges.

The parents (or legal guardian) agree that they will pay all collection costs, including necessary legal fees, involved in collecting delinquent accounts.

The parents (or legal guardian) agree to have their child enrolled in 3-4's program be toilet trained prior to entering school.

The parents (or legal guardian) agree they will not send their child to school if said child is ill, so as to prevent illness from spreading to other students.

Parent or Guardian's Signature _____

Date _____