

2018-2019 Registration Form

Student Information

Student Name:	Nickname/Preferred Name:
Gender:	Home Phone:
Mailing Address:	
Birth Date	Age (as of 8/31/18)

I wish to enroll my child in the following: (Circle One) 4 Year Olds 3 Year Olds 2 Year Olds

Parent/Guardian Information

Mother's Name	
Mailing Address	
Home Phone	Cell Phone
Employer	Business Phone
Address of Employer	
Father's Name	
Mailing Address	
Home Phone	Cell Phone
Employer	Business Phone
Address of Employer	

Contact Email(s): _____

Child Lives with (please circle):

Mother Father Both Other

(If "other," please explain): _____

Does your family have a church home? If so, where? _____

Please read the following and initial at each line below to note your understanding. More information will be included in the Parent/Student Handbook at orientation.

_____ I understand that my child must be the age that applies to the class for which we are registering. The cut-off date is August 31 of this coming school year.

_____ I understand that a \$75 non-refundable deposit must be included with this registration form in order to hold my child's place in school.

_____ I understand that I must include a copy of my child's immunization record and insurance card in order for the application to be complete.

Parent's Signature _____ Date _____
(A copy of child's immunization record and insurance card is required for application to be complete.)

Continued on next page!

Child's Name:

Please list all individuals who are allowed to pick up your child. Please also include each parent.

Name	Relationship to Child	Phone Number(s)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

2018-2019 CONSENT FORM

Consent to be Photographed

Throughout the year, we take the children's pictures. These photos are used in memory books and sometimes for the Preschool website. Please indicate your permission for us to photograph your child.

I allow my child, _____ to be photographed.

Signature: _____ Date: _____

I do NOT wish to have my child, _____, photographed.

Signature: _____ Date: _____

Authorization to Consent to Health Care for a Minor

I hereby authorize Thyatira Presbyterian Church Preschool to secure emergency medical treatment for my child if the parents, guardians, or family physician cannot be reached.

SIGNATURE _____ DATE _____

Parent/Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact Name (in case parents cannot be reached): _____

Emergency Contact Phone: _____

Physician's Name: _____

Address: _____

Phone: _____

Health Insurance Provider: _____

Insured Person: _____

Insurance Policy Number: _____

Group #: _____

Please attach your child's immunization record and insurance card (or copies of each) to this application.

Please list any allergies your child may have: _____

What needs to be done in case of a reaction? _____

SIGNATURE: _____ DATE: _____