

2017-2018 REGISTRATION FORM

CHILD'S INFORMATION

Child's Name _____ Gender: ___ M ___ F
Last First Middle

Address _____

Home Phone Number _____

Birth Date _____ Age _____
(As of this coming Aug. 31)

CLASS YOU WISH TO ENROLL YOUR CHILD: *(circle one)* 4's 3's 2's

Check box if your child is currently attending Thyatira Preschool.

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Address _____

Home Phone Number _____ Cell Phone _____

Employer _____

Address of Employer _____

Business Phone _____

Father's Name _____

Address _____

Home Phone _____ Cell Phone _____

Employer _____

Address of Employer _____

Business Phone _____

Email: _____

Child lives with: _____ Mother _____ Father _____ Both _____ Other
(If "Other," please explain)

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

A non-refundable registration fee of \$ 75.00 must accompany this registration form.

Parent's Signature _____ **Date** _____

(A copy of child's immunization record is required.)

Continued on next page!

Child's Name: _____

Please list all individuals who are allowed to pick up your child, including each parent.

NAME	RELATIONSHIP TO CHILD	PHONE #'S
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

2017 - 2018 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 bring your child's immunization record and insurance card (or copies of each) to parent orientation.

Allergies

Please list any allergies your child my have: _____

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

SIGNATURE: _____ DATE: _____