

Macland Presbyterian Preschool Registration Application 2010-2011 School Year

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

Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age as of September 1<sup>st</sup> \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's cell phone \_\_\_\_\_ Dad's cell phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Marital Status: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_  
 Child lives with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_  
\_\_\_ You may include our address, home phone, and family email in the school directory.

Class registering for: \_\_\_ 4 year \_\_\_ 3 year ( \_\_\_ 2days \_\_\_ 3days) \_\_\_ 2 year ( \_\_\_ 2days \_\_\_ 3days)

\*Three year olds must be potty trained

Family Email \_\_\_\_\_ Church affiliation: \_\_\_\_\_

Please list any allergies or medical problems \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Please list any dietary restrictions your child has: \_\_\_\_\_

I agree to pay my child's tuition monthly, September through May. If tuition is not paid by the 10<sup>th</sup> of the month, a \$20.00 late fee will be assessed. If tuition and late fee are not received by the 30<sup>th</sup> of the month, your child will be withdrawn from school. There are no credits for absences. I have read and agree to the above. Attached is my registration fee to reserve my child's space. I understand that this fee is non-refundable if I decide not to enroll my child or withdraw during the year.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Two Names and phone # (other than Parents) to call in case of an emergency

1. \_\_\_\_\_ 2. \_\_\_\_\_

My child has permission to be picked up by the following people other than myself:

1. \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone# \_\_\_\_\_

2. \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize Macland Presbyterian Preschool to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child, \_\_\_\_\_, and specifically authorize and request that necessary treatment be provided by you to my child. A photocopy of this authorization and consent for medical treatment shall have the same force and effect as the original.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Office Use: Date \_\_\_\_\_ Registration Fee \_\_\_\_\_ Emergency Info \_\_\_\_\_ Immunization \_\_\_\_\_

(office use only) LAST NAME FIRST NAME TEACHER DAYS