



# Registration Form

## Child's Information:

**Child's Full Name:** \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

What name would you like your child to be called at school? \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

## Family Information:

**Mother's Full Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ Phone #: \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ Phone #: \_\_\_\_\_

**Siblings & Ages:** \_\_\_\_\_

**Are you members of Chester Presbyterian Church?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If not, do you attend another church or faith community, regularly?** \_\_\_\_\_ Yes \_\_\_\_\_ No

## Special Concerns:

Health concerns, allergies, developmental delays, comments, etc. \_\_\_\_\_

Is this your child's first experience with preschool or other child care? \_\_\_\_\_ Yes \_\_\_\_\_ No

What type of care did he/she have previously? \_\_\_\_\_

**If your child will be a Preschool 1 student (2 ½ - 3 years old), would you prefer a Monday/Wednesday/Friday class or a Tuesday/Thursday class?** (Skip this question if your child will be 4 or older when school begins in September.) \_\_\_\_\_ M/W/F \_\_\_\_\_ Tu/Th

**Additional Comments:** We will do our best to accommodate requests however, all class assignments will be based on availability, the child's age and the Director's discretion. \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**Emergency Decision Making Contacts in the event parents cannot be reached:**

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

**Person(s) authorized to take your child to and from Preschool (other than child's parents):**

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

**MEDICAL CONSENT:** By signing below, I hereby give my permission and/or consent to the staff of Chester Presbyterian Preschool to secure and authorize such emergency medical and dental care and/or treatment as my child might require while under the supervision of said Preschool personnel. I also agree to pay the entire costs and fees associated with any emergency medical or dental care and/or treatment received by my child as secured or authorized under this consent.

**PARENT RESPONSIBILITY:** By signing below, I certify that the above information is accurate to the best of my knowledge. My signature below indicates intent to enroll my child in Chester Presbyterian Preschool. I agree to follow the policies and procedures of the program.

**PICTURE RELEASE:** By signing below, I hereby give my consent to let my child be photographed for use by the Preschool in newspaper, CPP website or other media for the purpose of publicity or advertisements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this Registration Form to Chester Presbyterian Preschool along with the following:**

- \$60 Registration Fee (non-refundable)
- Copy of the child's Birth Certificate (new students only)
- Copy of the child's Immunization Record from his/her pediatrician

<b>For office use only:</b>
Registration Fee _____
Birth Certificate _____
Immuz Record _____