

# Sandy Christian Preschool

<b>Registration for School Year:</b> ___2016/17      ___2017/18	
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<b>Class Requested: (check one)</b> ___Ladybugs-AM    ___Ladybugs-PM ___Busy Bees-AM   ___Busy Bees-PM	
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Child's Name \_\_\_\_\_ Name for learning to write \_\_\_\_\_

(Circle one)

Male / Female    Date of birth: \_\_\_\_\_    Age on September 1<sup>st</sup> of this year: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Mothers work phone: (    ) \_\_\_\_\_ cell phone: (    ) \_\_\_\_\_

Father's work phone: (    ) \_\_\_\_\_ cell phone: (    ) \_\_\_\_\_

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

Street

City

Zip

Mailing address if different: \_\_\_\_\_

City

Zip

E-mail address: \_\_\_\_\_

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

Are you on Facebook? (Name of Profile) \_\_\_\_\_

Do you attend a church? \_\_\_Yes \_\_\_No If yes, where? \_\_\_\_\_

Name

City

Student's siblings: (*Names & ages*) \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ (*Able to use restroom without assistance except for buttons, etc.*)

Are your child's immunizations up to date for his or her age? \_\_\_\_\_

Does your child have food or other allergies or medical conditions that we should be aware of? \_\_\_\_\_

Do you have any additional comments or concerns regarding your child? \_\_\_\_\_

In case of emergency or illness, or to pick up a child who has not been picked up, please list the people you would like us to call FIRST, then SECOND, etc. **Please list PARENT as #1 if you are the first person we should call.**

NAME	PHONE	RELATIONSHIP TO CHILD
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**A \$70.00 fee is required to register your child. Classes fill on a first come, first served basis.**

## MEDICAL RELEASE FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Doctor name and phone \_\_\_\_\_

Medical insurance information: Company \_\_\_\_\_

ID # \_\_\_\_\_ Policy # \_\_\_\_\_

IN THE EVENT OF EMERGENCIES, EVERY ATTEMPT WILL BE MADE TO CONTACT PARENTS. IN THE EVENT YOU CANNOT BE REACHED WE WILL CONTACT THE PERSONS YOU HAVE LISTED ON THE PREVIOUS FORM, IN ORDER.

AS PARENT/GUARDIAN OF \_\_\_\_\_, I HEREBY AUTHORIZE AND REQUEST: IN THE EVENT OF ILLNESS OR INJURY WHILE IN THE CARE OF SANDY CHRISTIAN PRESCHOOL OR SANDY ASSEMBLY OF GOD STAFF, PERMISSION IS GRANTED TO ADMINISTER FIRST AID AS NEEDED. I HEREBY AUTHORIZE AND REQUEST HOSPITAL/EMERGENCY STAFF TO ADMINISTER TREATMENTS OR PROCEDURES WHICH MAY BE NECESSARY.

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE PARENT/GUARDIAN

## POLICY BOOK AFFIRMATION

I, the undersigned have read and agree to abide by the contents of the policy book.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/guardian