

**Covenant Presbyterian Preschool Registration Application 2016-2017 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 \_\_\_\_\_

Class registering for: \_\_\_\_\_ 4 year \_\_\_\_\_ 3 year \_\_\_\_\_ 2 yr/4 day \_\_\_\_\_ 2 yr/3 day \_\_\_\_\_ 1 yr/3 day \_\_\_\_\_ 1 yr/2day  
\*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 5<sup>th</sup> of the month, a \$15.00 late fee will be assessed. If tuition and late fee are not received by the 30<sup>th</sup>, your child will be withdrawn from school.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, even 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: \_\_\_\_\_

2. \_\_\_\_\_ Relationship to child: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize Covenant 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 the 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 \_\_\_\_\_

Office Use: Date: _____ Registration Fee _____ Emergency Info _____ Immunization _____
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