

SCHICK'S CROSSING PRESCHOOL

Registration Form

Child's Name: _____ Gender: _____

Preferred Nickname: _____ Birthdate: _____

Parents' Names: _____

Address: _____

E-mail: _____ Is E-mail checked regularly? Yes No

Phone Numbers:

Home: _____ Other: _____

Mom Work: _____ Dad Work: _____

Mom Cell: _____ Dad Cell: _____

People (not including parents) with whom child may leave preschool regularly:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

People (not including parents) with whom child may leave in case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Class Choice: (Please indicate 1st and 2nd choice, if applicable)

_____ 4-year-old, 4-day afternoon program (M,T,W,Th)

_____ 4-year-old, 3-day morning program (M,W,F)

_____ 3-year-old, 3-day morning program (M,W,F)

_____ 3-year-old, 2-day morning program (T,Th)

_____ 2-year-old, 2-day morning program (T,Th)

(Please complete both sides)

I understand that my child will receive religious instruction, including, but not limited to, hearing Bible stories, celebrating religious holidays and participating in prayer before snacks.

I grant permission for my child to be photographed for the purpose of creating memory books, slide show presentations and marketing uses.

In case of an emergency, every effort will be made to contact a parent or emergency contact. However, if unable to contact, I give permission to Poplar Creek Church and Schick's Crossing Preschool staff to perform CPR and/or First Aid if needed and to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being.

Parent/Guardian Signature

Date